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ORIGINAL ARTICLES.

THE IMPORTANCE OF SANITATION.

A PAPER READ BEFORE THE FIRST MEETING OF THE OHIO STATE SANITARY ASSOCIATION, COLUMBUS, OHIO, FEBRUARY 14–15, 1884.

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GENTLEMEN OF THE ASSOCIATION:—Being under the impression that we of the medical profession have failed to secure such recognition of the necessity for sanitary laws and regulations, both State and national, as we earnestly feel should be enacted and maintained, the question naturally arises as to the cause of this apathy, or carelessness, or neglect, on the part of our law-making power? I believe that this is chiefly due to the fact that our efforts have been heretofore too often misdirected, by not addressing ourselves to the people more directly, instead of to the officials, who are, in point of fact, only temporary incumbents generally. A legislator, whether in high or low official position, has one desire that is paramount to all others, and that desire is to not be relegated to private life again. He is willing, and even anxious, to do that thing that he believes the majority desire him to do, and one of his chiefest objects of solicitude is to ascertain the present and future drift of popular sentiment among his constituency.

In the presentation of this paper I shall be guided by this idea, and shall address myself toward the laity, and only indirectly to the profession, who are all supposed to be united respecting the needs and demands of a more direct recognition of the importance of sanitation.

From the frequent references to plagues and pestilences in sacred history, it is presumable that the world, in olden times, was seldom or never free from their ravages.

Whilst the armies of Romans and Gauls, under Brennus, were besieging Rome, such a pestilence appeared among them that, weary with burying dead bodies, the survivors burnt them in heaps.

In a time of profound peace, 366 years before Christ, Rome was visited by such a plague, that at its height 10,000 of her citizens died in a day; and during the siege of Syracuse, 277 years before Christ, Livy, the historian, says "the Carthagenian soldiers all perished!"

In another plague, which visited Rome 182 years before Christ, Livy says that the disease made its most fatal ravages amongst the slaves, and that their dead bodies lay unburied along the highways—"their corpses lay unburied, untouched by dogs and vultures, and wasted away by corruption."

Before Christ 126 years, historians relate that in Numidia, in Africa, 800,000 persons perished by pestilence; 200,000 on the seacoast of Carthage and Utica, and 30,000 of the Roman troops; while 1,500 dead bodies were carried out of one single gate in Utica in one day!

In the year 68 of the Christian era, when Rome contained a population of 1,000,000, Tacitus says that by reason of a plague "the houses were filled with dead bodies, and the streets with funerals."

In the year 79—the year following the first recorded eruption of Vesuvius, when Pompeii and Herculaneum were buried—10,000 citizens a day died in Rome.

In the year 88, 150,000 died in Scotland, and 45,000 perished in Wales.

In the year 165 a pestilence overspread the whole earth; but in about the year 250 commenced the most calamitous period mentioned in history, a universal plague, which lasted fifteen or twenty years. It probably had its origin in Ethiopia. One historian says, speaking with reference to the Roman provinces: "The plague in towns and villages followed the Scythians, and devoured that part of the human race which the barbarians had spared." Another says the pestilence "desolated or disfigured the whole earth." Gibbon, the English historian, says "a moiety of the human species fell a prey to this frightful epidemic."

In reference to the plague of 408, Nicepharous, the historian, says: "Almost all Europe perished, and no small part of Asia and Africa."

During the year 680 pestilence was again universal, and Rome was laid waste. "Multitudes fled to the mountains, and the streets of the city were overgrown with weeds and grass."

In the year 1005 commenced another general pestilence, which lasted three years. "Such was the weariness of those who buried the corpses, that the living, before the breath had left their bodies, were tumbled into the graves with the dead."

And again, in 1066, half the population of Egypt and Arabia perished with pestilential diseases.

In the year 1220, the plague was so fatal in Damietta, a city of lower Egypt, on the east branch of the

Nile, that out of a population of 70,000 souls, it is said that only three persons survived!

In about the year A. D. 1345, arose another pestilence of unusual severity, which became universal in its proportions. It is described as being the most general and awful in the history of mankind. It is said to have first appeared in Cathay; thence spreading to Egypt, Syria, Greece, Turkey, Italy, France, Spain, England, Ireland, Holland, Germany, Hungary and the north of Europe. It is estimated that in eight years, half the human species perished! In many cities, nine out of ten perished; and some cities were wholly depopulated. London buried 50,000 in one graveyard. Norwich lost 50,000; Florence 90,000; Lubec 90,000, and Venice 100,000. In Spain, two thirds of the whole population perished, and in the East 20,000,000 are supposed to have perished in a single year. The rights to all property were temporarily relinquished; cattle roamed at will; crops were left to perish in the fields; and houses were tenantless and ownerless, and going to decay in all the known countries of the world.

This pestilence reached to Iceland, with such mortality that the settlement there planted never recovered from the disaster. It invaded Greenland, and the Danish colony there was extinguished, for it has not since been heard from to this day. It swept over plains. Its poisonous breath rested upon the mountain heights. It spared neither age or sex. It was partial to no country or nationality. It seized upon the islands of the sea, and upon fugitives in mid-ocean, and left their vessels to drift without a human occupant or guide.

More than fifty times since the commencement of the Christian era, some of the great cities and capitals of the Old World have had to be repeopled from abroad, by reason of wasting pestilences.

Were all, or even any of these great pestilences within the power of man to avert? or was their universal spread owing to a general pestilential condition of the elements, beyond the power of human kind to localize, or control, or modify? The pestilence that swept over Iceland and Greenland in the 14th century with such devastating effects, is known to have been small-pox; and some of those described long before the time of Christ are recognized very unmistakably as having been of the same characteristic types of local epidemics of the same diseases prevailing to this day.

To ascertain the means for the prevention or avoidance of diseases that are preventable or avoidable, is the special province of the sanitarian.

Let us examine this subject for a little while.

An infectious disease is generally understood to be one that is contracted by direct contact—as *mal Francais*, hydrophobia; and the practice of vaccination furnishes a good example.

A contagious disease is one understood to be propagated without direct contact, as measles, small-pox, Oriental cholera, etc.

An endemic disease is one that arises from a local cause, as a common ague, originating in the excess of malarial poison in that particular locality.

An epidemic disease is where it becomes general in any section of country by reason of its spread from some specific contagious poison, as an epidemic of measles, whooping-cough, etc.

The mediums through which epidemics are spread are first, air; and secondly, water. It is presumable that the great pestilences to which we have alluded were generally the plague, Asiatic cholera, small-pox, yellow fever, dysentery, and typhus fever; although measles, miliary, or the "sweating sickness," angina, diphtheria, scarlatina, and other diseases might rage and have spread as pestilences.

One of the theories upon which sanitary laws and regulations should be founded, is the theory that these and many other diseases have their origin in a specific contagious principle, that will produce that specific disease and no other, and that may propagate itself through the atmosphere for a greater or less limited extent. For instance, small-pox may be contracted by exposure to a case—in the proper stage of the disease—within the limits of an ordinary room. It might be contracted by the poison—the specific contagious poison of small-pox—at the distance of 100 feet or more; but that a distance may be reached at which no possible danger can exist.

The sanitary laws of Moses (Leviticus xiii.) contain the most that is necessary to be known concerning the sanitation in leprosy even to this day.

The theory that is now most generally adopted is that epidemic diseases—and most diseases that are not epidemic—owe their origin and propagation to microscopic animal organisms. For a person to contract the disease, it may be done by contiguity or nearness to one suffering from the disease; by breathing the contaminated air of the room, which poison may come from the breath of the patient; from the sensible or insensible perspiration; from the expectoration; from the ejecta of the stomach; from the excreta of the mammary gland or kidneys; or the dejecta from the bowels. The clothing of the patient, or bedding, or rags, or any textile fabric coming in contact with him or near him; or even window curtains, paper hangings, or other porous fabrics or substances about the room, or any part of the house, may absorb or become the lodging places of the specific poison or microscopic animal organism, fungi, or bacillus; and under favorable surroundings of temperature, exclusion from air, light, heat, and so forth, these substances may retain the specific poison in a state of preservation, capable of producing a like disease in a susceptible subject, for an indefinite length of time. Cats and dogs have been thought capable of distributing these specific poisons by carrying them in their hair.

Things that become vehicles for the preservation of the specific poisons of contagious diseases, as bedding, clothing, rags, and so forth, are called "fomites."

Taking this view of infectious and contagious diseases and their origin, does it not seem plausible that it is possible to utterly annihilate some diseases that are purely and only infectious? Setting aside the possibility that there is no contagious disease that can arise without exposure to an already existing cause,

it the existing cause be removed, the disease is extinguished. This, however, as a theory cannot be looked upon as absolute, as some local idiopathic diseases, as gangrene, metritis, puerperal peritonitis, etc., may become infectious or contagious.

But leading in this direction, supposing we take a case of small-pox as an example. It first becomes the duty of the physician and sanitarian to isolate the patient; then to remove all unnecessary substances near him that can act as fomites; and after his recovery to enforce sanitary measures, such as the inexorable destruction by fire of all such substances as would act as fomites, unless we know that such as are spared can be rendered harmless by baking in ovens or by other means equally as certain.

But, not to digress too far from my special subject, allow me to say that I think the one thing most needed in the furtherance of the objects of sanitary science, is the sustaining sympathy of an enlightened public opinion. This is not only the power which lies behind the throne, but it is the throne itself.

At the time the Crusaders occupied Jerusalem they established outside the city a hospital for contagious diseases, and called it the Hospital of St. Lazarus, and from this came the name of "Lazaretto."

The first quarantine regulation promulgated in any State was by Viscount Bernabo, of Reggio, Italy, in 1374. But it was not till about the middle of the 15th century that any well-defined legal code was adopted; and this was by the little Republic of Venice, Italy, which in 1448, after having become strong enough to cross the Mediterranean with her ships of commerce, and to undertake wars of conquest, and after having suffered from no less than 63 wasting epidemics within six centuries, enacted the first digest of laws known as "the laws of quarantine." And at a later period, this little Republic established the first "board of health," consisting of three noblemen, who were at a later period given the power of life and death, or absolute power, from which there could be no appeal, in enforcing their commands.

England did not establish a regular system of quarantine until 1710; at a time when the plague was ravaging the cities along the Baltic.

The first quarantine in the United States was in the year 1700, when the yellow fever was raging in Philadelphia, and the General Assembly passed a law imposing a fine of £100 on any person landing at that port with an unhealthy vessel. Massachusetts followed in 1701, and the first Congressional enactment was in 1799—"an act respecting quarantines and health laws"—which act is yet unrepealed.

In 1851, an International Congress was called to meet in Paris; and after a lengthy discussion, a set of rules was adopted by the different national representatives present.

The second International Congress was held in Constantinople, upon a call by the French government, in 1865, and since that time, the laws of quarantine have been gradually tending more and more toward a basis conforming with the views of advanced sanitarians. The general rules now prevailing are to prevent the exportation, importation, or spreading of pestilential diseases. The means chiefly adopted are, purification, quarantine, lazarettoes, restriction, separation, seclusion, and lines of circumvallation, or military cordons; and of late years the rules have been extended to include sanitary police against the epidemic diseases of domestic animals. When a ship is about to sail, she is furnished by the consul of her country with a bill of health, which is her passport. A foul bill is given if she sails from a port where plague, cholera, or yellow fever prevail, and a clean bill if she sails from a port where no such diseases prevail. A false passport would be justly considered a very grave offense; and would be a sufficient cause for a demand for immediate explanations on the part of a government represented by such an agent or consul.

A few years ago, the cattle plague simultaneously invaded France and England. The French government immediately stamped the disease out by the destruction of about 100 head; while the English vacillated and procrastinated until over 300,000 had perished of the disease.

In 1865 our National Congress passed a law "to prevent the spread of contagious diseases among the cattle of the United States." In 1843, and again in 1850, pleuro-pneumonia was imported into Brooklyn, N.Y., and in 1847 into New Jersey, by English cattle; and in 1859 into Massachusetts by Dutch cattle. The New Jersey outbreak was immediately extinguished by the destruction of all the cattle on the farm where it first appeared; and a commission in Massachusetts, after six years of effort and the destruction of 1,146 head, besides those that died of disease, finally got rid of it in that State. But in New York State they vacillated and delayed, until by gradual spread the disease now prevails in Kings and Queens Counties, in New Jersey, Eastern Pennsylvania, Delaware, Maryland, District of Columbia, and some parts of Virginia. About the cities of Brooklyn and New York they call it the "swill-milk disease;" but it is the same disease that nearly destroyed the herds of Australia from the importation of *one* English cow; and the same that has kept some of the countries of Europe comparatively poor for more than half a century. No importation of Jerseys or other breeds into Ohio should be allowed from any of the infected regions where pleuro-pneumonia does or has existed; and the general government should follow the advice of committee after committee of its own appointment, and inexorably destroy all cattle in the infected districts that are known to be suffering from the disease, and then keep a standing force of veterinary police throughout the infected districts, to crush and wipe out all new foci that spring up. Were the tide of trade westward instead of eastward, the destruction of cattle in the middle and western portion of the country would prove a national disaster, from which we could not recover within the present century.

In the year 1878 the Russian plague appeared at Astrakhan during the time of military operations in that country. It is said that a Cossack soldier, returning trom the wars, carried the specific poison in a shawl which he brought to his lady-love. The people of Astrakhan were seized with a panic, as well they

might have been, for 90 per cent. of all victims perished, and as they fled they carried the germs of the disease with them. Its general, if not universal, prevalence was probably arrested by a military cordon which was stretched in advance of the disease, beyond or through which line no person was permitted to pass.

In 1882 an epidemic of yellow fever broke out in Bagdad, Tampico, and Matamoras, in Mexico, and soon spread to Brownsville, Texas. In a few days, out of a population of 5,000 in that city, over 600 fell victims to the pestilence. The Governor of the State of Texas appealed to the Government of the United States for aid, and as the President had, under the law, already placed $100,000 in the Treasury Department to be used to prevent the spreading of epidemic diseases, Dr. John B. Hamilton, Supervising Surgeon-General of the United States Marine Hospital Service—an active, bright, young officer from Illinois, who has gained his enviable and honorable promotion to his present position by competitive examination, and with whom I have the honor of a slight personal acquaintance—immediately proceeded to establish a military cordon from Corpus Christi, on the Gulf, to Laredo, on the Rio Grande, along the line of the Mexican Central Railway. He afterwards contracted this line to nearer the line of the district infected. But in Mexico the epidemic spread from village to village, until its devastation reached up the Rio Grande for over 500 miles, and for this distance it found a sentinel in Dr. Hamilton's cordon at every available crossing; but from the Texas side of the Rio Grande the epidemic was held firmly and effectually at a distance, and was confined to the first infected district of Brownsville and its vicinity.

Eighty-six years ago, Edward Jenner, of England, taught the world how to throttle small-pox, and, in effect, to extinguish the loathsome disease from the face of the earth. Experience to this day justifies the most that was hoped for or claimed for the practice of vaccination; but in one single city of Ohio last year—Cincinnati—there occurred over 4,000 cases of this disease, with over 1,600 deaths.

A man, in his ignorance, or wilfulness, or blind prejudice, may claim he has a right to get the small-pox if he wants to; but no one can reasonably concede that he has a right to contract any avoidable disease that he knows to be loathsome and dangerous to life, and thereby jeopardize a city full of people who are afraid of and dread it. And yet in the great State of Ohio—a State for which we arrogate the claim of being the keystone to the social, political and intellectual arch of the national superstructure—in the year of grace 1872 or 1873, I had the honor of introducing a bill in the Senate, which became a law, giving boards of education the power to enforce vaccination among the pupils attending public schools, and that is all the law that now is, or has ever been, upon our statute books relating to vaccination!

Epidemic cholera is as much a native of India, as yellow fever at this day is of the West India islands. In the Bombay presidency, in India, are ninety-four shrines, to which pilgrimages are annually made as a religious rite. The religion of the Hindostanee teaches him that the waters of the Ganges have the miraculous power to cleanse him from sin. Some every one year, more every two years, more every third year, and still more every twelfth year, these misguided people make long pilgrimages to these shrines, to bathe in the waters of the Ganges. The twelfth yearly pilgrimage is called the Juggernaut pilgrimage; and at Hurdwar, below the mountain range, and near the headwaters of the river, 3,000,000 of these weary, jaded, filthy, ragged, perspiring, fanatical Juggernaut pilgrims may be congregated at one time, while the waters of the river are used for ablution, drink, and the receptacle of all the waste from 3,000,000 filthy human beings day after day, at one and the same time!

Ever since the year 1756, it has been observed by the whole civilized world that a twelvth year epidemic of Asiatic cholera has taken its rise among these congregated idolators. Some of these epidemics have been carried around the world, and our own country has several times suffered, each separate epidemic being clearly traceable to these Juggernaut festivals, and their line of march as clearly defined as the march of an army with banners. The physician and sanitarian can point out the specific remedy against its spread as an universal epidemic, but the power to enforce our plan rests with the doctors of international law—the plan of prohibiting, by military force if necessary, these Juggernaut festivals.

The different States should all have laws and regulations relating to the police power against epidemic diseases, and these laws should be so framed as to not come in conflict with each other, nor with those of municipal corporations, or those of the general government; and whatever be the form, the Governor of each State, to give dignity and prestige to the Board whose duty it shall be to enforce the regulations, and by virtue of his office as commander-in-chief of the commonwealth, should be its president.

But, with Oriental cholera ravaging China and Japan for the past three or four years; with the legions dead of it in Egypt within the closing year; with bales of rags laying on English docks, or in English warehouses, shipped direct from Egypt, and designed for the American market; and with the inter-communication between England and Egypt incident to a state of war, I ask any sane man, capable in any degree of self-protection, if it seemeth unto him any part of wisdom on the part of any State government to decline or procrastinate the officering of the unorganized battalions, and delaying all efforts at systematic organization, with the probable risk of the dark scourge in a night attack under the banner of the black flag?

A BABY WITHOUT ARMS OR LEGS.—A tetralogical case is interesting the profession of Madrid. It is one of a little girl, five months old, which was born without arms or legs. The thoracic and abdominal cavities are perfectly formed. Its first teeth have just appeared. It is healthy at present.—*Medical News.*

THE INFLUENCE OF THE PUBLIC SCHOOLS ON BRAIN-BUILDING.

BY W. J. CONKLIN, M.D., DAYTON, OHIO, PROFESSOR OF DISEASES OF CHILDREN IN STARLING MEDICAL COLLEGE.

[Read before the Ohio State Sanitary Association, February 14, 1884.]

The grandest work of the best civilization is the building of efficient brains. The school forms one of the most important factors in brain-building, and the manner in which its influence is exerted has very properly excited, during the past decade, general discussion in educational and sanitary circles.

We do not ignore the deleterious influences which surround the child in the street and home, influences which are incomparably more powerful in sapping its physical vigor than any connected with its school life. But our text to-day limits us to one phase of the question, the *effect of school work upon the health of the pupils*. We engage in this inquiry in no spirit of hostility to the schools. We know they are training up men and women who are fully competent to discharge all of the duties of State or society which may devolve upon them in the manifold relations of life. Certainly, "no more earnest, self-sacrificing or intelligent workers gather around any labor, than those who wait on the ministry of teaching."

However, the warmest frieud of the public schools will not claim that they are perfect; and it certainly behooves every citizen not only to support them, but to labor that they shall more fully accomplish the grand work for which they were instituted. In the discussion of this subject much exaggeration has been indulged by both parties. It is absurd to fasten all of the ills which befall children of school age upon the schools, and equally absurd to ignore the very general conviction of parents, physicians and sanitarians, that injury does accrue to a certain number from school work. Conditions in some degree inimical to health are inseparable from school life, as confinement, enforced quiet, vitiated air, prolonged mental effort, etc., etc.

To reduce the effect of these conditions to a minimum, and secure the best mental development, is the problem before us.

Whatever view of mind may be taken, it is sufficient for our purpose this afternoon to know that a normal brain is the essential prereqnisite of a normal mind.

Healthy cerebration requires healthy brains.

A cerebral tumor, a spot of inflammation or softening, an irregular or impure blood supply, plays sad but fantastic freaks with the sublimest minds. Again, the body is a physiological unit. Brain and muscle and bone all acknowledge the same general laws of growth, development, and functional activity. And so marked is the interdependence of the complex factors of the unit, that the integrity of any function, mental or physical, depends not only on the integrity of the specific organ, but also largely upon the integrity of all other organs and functions of the economy. If these statements are true, and to deny them is to take issue both with the teachings of physiology and the revelations of pathology, then any system of instruction which ignores them in its methods or requirements falls short of what it should be.

Judged by this standard, we proceed to point out some of the defects of our public school system—defects which impair its usefulness, imperil the health of the pupils, and which will ultimately defeat the effort to build up a perfect manhood and womanhood.

The school law of our State violates one of the plainest teachings of physiology, in fixing the age at which children shall be admitted into the schools at 6 years, and an unhealthy public sentiment demands the utmost that the law permits.

The physiological history of the child teaches unmistakably this truth; that its organism has relatively much more work to perform than that of the adult. Its nutritive organs, in addition to preserving the physical integrity of the economy and supplying force for dynamical purposes, are subject to heavy drafts for developmental needs. In infancy and childhood the brain is proportionately larger than in adult life, and so rapid is its growth, that it nearly doubles its weight during the first two years of life. Up to the fifth year, Dr. Peacock found the average weight of the brain to be one-seventh or one-eighth that of the entire body, instead of one-fortieth, as in the adult.

The brain increases rapidly in size up to the seventh year, and although it grows at a much diminished rate until between the ages of 30 and 40, at 8 years it has nearly reached its full size. The deduction, then, is plain that regular school life should not begin before the eighth year. Up to that age, let the romping, frolicsome and buoyant child nature be untrammeled by set tasks and hard discipline. Much, and enough, will be acquired without the primer. There are "sermons in stones and books in running brooks," which the child will hourly drink in, and which will place it on vantage ground for its later school work. In view, however, of the opposition of parents and of some practical difficulties in introducing the reform, it would perhaps be better to compromise upon seven as the legal school age.

By a parity of reasoning, we are forced to another conclusion: that the child having entered school, its immature physical and mental strength unfits it for long confinement and for severe daily tasks during the earlier years of its attendance. That the requirements of the public schools very frequently overstep the safety line is beyond question. After leaving the primary grades, the hot haste to secure results necessitates too many studies, excessive daily tasks, too much cram and grind, and very surely ends in overwork. This is largely the legitimate outgrowth of the times in which we live, the spirit of which the schools have imbibed. We are a fast people; live fast, work fast, demand that our children shall be educated fast, and, as a dyspeptic friend at my elbow suggests, often send them to the devil fast.

We have already referred to the very great activity of the infant organism. Now, it is a well-known pathological law, that wherever there is excessive nutritive, functional or developmental activity, there

also exists a marked predisposition to morbid changes. In harmony with this law, the nervous system of childhood presents a peculiar susceptibility to external influences. Children are very prone to "nerve storms." The convulsion which so commonly replaces the initial chill of an illness; the muscular twitchings; the wide excursions of the temperature due to a trivial indigestion; the babbling of schoolmates and lessons in fever; the impressible emotional nature; all bespeak the marked instability of the child's nervous organization. As adult life is neared, the nervous system loses its preponderance of size and activity; in part by the maturing of the nervous system itself; largely by the growth and development of the bodily organism. Notwithstanding the rapid growth of the early years, in nature's order, the nervous system is the last to reach maturity.

The lesson is obvious that during this whole period of excessive activity and immaturity, care must be taken lest its nutrition be interfered with and permanent injury result. The nervous system must be steadied and ballasted by robust bodies.

We do not mean to put brain in splints. Physiological use is one of the conditions of normal growth, whether of bone, muscle or brain. A proper amount of brain work is not only necessary to its own development, but conduces powerfully to general bodily health. The physiological condition is, however, only fulfilled when the work is fitted to the strength of the organ, and it is for this alone that we contend.

Dr. Clarke in "Sex in Education" writes: "If the schoolmaster overworks the brain of his pupils he diverts force to the brain that is needed elsewhere. He spends * * * in the brain-work of the school room force that should have been spent in the manufacture of blood, muscle and nerve; that is growth. The results are monstrous brains and puny bodies, abnormally active cerebration and abnormally weak digestion, flowing thoughts and constipated bowels, lofty aspirations and neuralgic sensations.

'A youth of study, an old age of nerves.'"

Physiology only answers the question before us in a general way. But it indicates plainly what experience confirms, that instruction should not be pushed before the age of 10 or 12, and with girls, perhaps not before 14 years. That this deduction is constantly disregarded is a matter of common observation.

We have no time to give specifications, and will only allude to two facts which have recently been impressed upon our attention.

The two lower grades, with an average age of 6½ and 7½ years, pass 5 hours each, and the higher grades 6 hours daily in the school room. I need only appeal to the experience of those here how much 6 hours of mental labor falls short of a full day's work for an adult.

Without any mental effort whatever, 5 hours' confinement for pupils under 9 years of age, with the enforced quiet and constrained positions, which the ordinary school sitting and school discipline necessarily enforce, in a room probably overcrowded and badly ventilated, is too much for growing bodies.

Arithmetic is proverbially the hardest study for young minds to master in the curriculum; it furnishes the largest percentage of failures at the annual examinations, and is the study about which children most often talk in their sleep. And yet in a neighboring city, noted for the excellence of its schools, arithmetic is completed in the 7th grade, the members of which average less than 13 years of age.

Many educators, admitting fully the bad results of overwork, maintain that there are no statistics to prove that injury results from the present system. We admit the force of the objection, but there are some things which statistics can not prove, and which they are not needed to prove.

Certain factors in school life manifest their deleterious influences in results that can be easily measured. Thus 90 per cent. of the crooked spines, not due to special disease, can be traced to improper school furniture. And statistics abundantly prove the lamentable increase of myopia among school children, due to the too prolonged use of the eyes on small type and to badly lighted study rooms.

But the injurious effects of over brain-work can not be so tabulated. It is not a question of so many studies=so many deaths; or so many hours in school =so much chorea; but much more a question of undermining the general robustness of the child; of stunting and dwarfing the physical and mental development; of building up a nervous system unable to bear the shocks and friction of later life. But the danger does not end here. Cause and effect are endlinks of a chain which not only spans the life of the individual, but the lives of the children's children.

And thus the vicious circle widens and widens, until the victims, unable to bear up in the struggle for existence, succumb to nature's law of the survival of the fittest, and the family is at last blotted out.

We are perfectly content to rest the question of overwork in the schools upon the general conviction of the medical profession, the members of which enjoy abundant opportunities for observation, and are especially fitted by education to form an intelligent and unprejudiced opinion.

The profession has spoken in no uncertain tones, and the almost unanimous opinion is that too heavy burdens are imposed upon school children, tasks disproportionate to the age and capacity of the pupils. Quotations to this effect could be multiplied from the proceedings of various local, state, and national societies, and from the published utterances of its most accomplished members.

My friend, Dr. Reeve, in a most excellent lecture before the teachers of Dayton, pertinently says: "If you ask me for my list of deaths from this cause (overwork in schools), I have none. If you inquire how many cases of insanity, epilepsy or chorea I have seen result from this cause, I have none. But if you ask me how much I have seen of disturbed sleep, disordered digestion, irritable and fretful tempers, and other evidences of the direct effect of causes injuriously affecting the health, I am obliged to say, in reply, a good deal—enough to need prompt and decided correction."

It will not do to reply that the work of the schools is no longer irksome.

It is very true that the modern teacher has well nigh discovered a "royal road to learning," and has woven around her calling a web of infatuation which holds the little ones spell-bound in its meshes, yet she has not set aside nature's law. School work is still brain work, and brain work is exhausting work. Go, enter any of the grades and see the pupils at work. Watch the class on the recitation bench. "See the anxious, working faces, over which exultation and mortification chase each other, like light and shadow, its quivering hands darted into the air at every question and after half the answers," and then say whether such concentrated attention, quick and accurate thinking, is not mental labor of a severe kind.

We are aware that *overwork* is largely a relative term. Minds vary greatly in their capacities and powers of endurance. The ideal school would adapt the work accurately to the individual capacity.

This is manifestly impracticable in the large, overcrowded public schools, but an approach to it can be made by carefully grading the requirements to the average age of the pupils, and by not permitting school work to monopolize time and energies which are needed for bodily development.

It is often urged that the schools are not hospitals; that they are founded upon "the greatest good to the greatest number," and if any child is weighted down by a vicious inheritance, acquired disease or a bad organization from any cause, it must be pushed aside in the race or struggle on into a manhood of ill health and scant usefulness. If the instances of physical injury were rare, this might pass for good philosophy, but when the testimony comes from every side that the evil is widespread and growing, and threatens the mental and physical welfare of the race, then it is certainly time to seriously consider whether the present system will *ultimately secure* the *greatest good* to the *greatest number*. That is a shortsighted policy, indeed, that refuses to look beyond the immediate horizon.

It is important in this connection to ascertain whether the number of school hours now required, and against which such vital objections exist, is necessary for the highest mental development. The length of time during which concentrated attention is practicable in early life is very limited. Experience would coincide with the deductions from physiology in placing the limit of profitable and safe study for children under ten years of age at three hours per day. It has been proven over and over again that a child under ten or twelve can receive as much mental nourishment in three hours of set tasks, as it can assimilate, and without assimilation, a mental indigestion, with its long train of sequelæ, surely results.

Perhaps the most striking proof of the truthfulness of this proposition is drawn from the "half-time" schools of England, a system provided by law for children employed in factories and workshops. These children receive daily instruction for one-half the number of hours spent in the public schools by those not at manual labor. It has now been in operation for more than 30 years, and reports of its workings, made by competent official inspectors, are found in Parliamentary documents. These prove beyond question that the half-time pupils learn quite as much as those who are in the same schools twice as many hours per day.

A few years ago, on account of the overcrowded condition of one of the schoolhouses in Dayton, it became necessary to reduce the attendance of the lower grades to one-half a day. To the surprise of every one, the examinations of the half-time pupils were as creditable in every particular as of those who had spent full time in the rooms. With these facts before us, it would certainly be the part of wisdom to limit the time passed in the primary departments to three hours a day. Other obvious advantages would result from this plan. By dividing the school into forenoon and afternoon pupils, the overcrowded condition of the primary grades would be relieved, and the teachers would have an opportunity of making an individual study of the wants of each child.

Under the present system, the girls fare worse than the boys. Their more impressible nervous systems and less sturdy physiques render them especially liable to suffer from confinement, lack of fresh air and exercise, and from over brain stimulation. Up to about the age of 13, sex has ordinarily no disturbing function; at that period, radical changes occur in the organism, upon the normal completion of which her adult health, and the ability to discharge her maternal relations largely depend. Even ordinary mental work at this revolutionary period may divert force which is needed for developmental purposes. At no other time in life is the nervous system so excitable and so much in need of protection from all worry and fret. The belief is generally entertained by those most competent to judge, that girls should be excused from set school work for a variable period, often an entire year, at this important crisis. Were this done, we would hear less of disordered menstruation, weak backs, hysteria, and the many nervous maladies which go to make up the proverbial "little health" of American women. The school life of the average girl ends at an age when, from a physiological standpoint, her serious educational work should begin. Wier Mitchell says: "At 17, healthy girls are nearly as well able to study, with proper precautions, as men; but before this time over-use, or even a very steady use of the brain, is dangerous to health, and to every probability of future womanly usefulness."

The co-education of the sexes opens up a vast field of discussion which we have no time to enter. The physical and mental differences between boys and girls are so distinctive that it is certainly questionable whether the best development of each can not be better attained in separate schools, at any rate after puberty, when these differences assume such predominant importance.

Another objectionable feature of the modern school is the very extensive and unnecessary use of artificial stimuli to study. Within certain limits personal emulation is useful, healthy and natural. Markings, prizes, honors, per cents. and examinations are now persistently used as spurs and whips to goad on to

greater effort. They exert but little effect upon the dull and sluggish, while the full force of their pernicious influence falls upon those who need to be curbed instead of urged. Examinations undoubtedly cause more fret and worry and nervousness than any other school exercise. Examination week is everywhere, according to the observation of physicians and parents, a week of disturbed sleep, capricious appetite, night study and general ailing. They usually follow a long season of close application when mind and body are wearied, and the intense excitement induced by them often proves the "straw which breaks the back of mental and physical endurance." We would not abolish examinations, but would decrease their number and limit their power. The daily record for the entire term, rather than the results of that one nervous hour, should be the test of scholarship and promotion.

We have thus briefly reviewed some of the imperfections in our public school system which are sure to result in bad brain building. The school cannot afford to cripple its usefulness by antagonizing the well known laws of physical development, nor can the State afford to have it so crippled.

We repeat our conviction that the schools are but one factor, and perhaps the least, in undermining the physical vigor of American children. The only way, however to correct the evil practices and bad hygienic surroundings of street and home is through the school house.

The shortest route to the fireside is through the school house.

When teachers become thoroughly aroused to the importance of the physical development of the young, and familiar with the fundamental truths of physiology and sanitary science, then, and then only, will education become in fact what the root signification implies—*a leading out*—a symmetrical development of all the faculties, mental, moral and physical.

Our plea is for better school accommodations, including heating, lighting, ventilating and furnishing school buildings; for a later school age, lighter tasks, shorter hours and more play during the growing period of life; a period in which children are not only most readily but most permanently affected by every influence to which they are subjected.

We place no premium upon idleness or stupidity. Good digestion and healthy brains are not antagonistic: a torpid liver and brilliant cerebration are not necessary associates, but, on the contrary, the "mens sana in corpore sano" is as true to-day as when uttered by the heathen poet.

Ohio has upon her statute books a law which points the way to a removal of many of the objectionable features of our common schools: a law, be it said, to her credit, not found in any other State in the Union. The amended section 2135 of the Revised Statutes requires Boards of Health to inspect semi-annually and oftener, if necessary, the sanitary condition of all schools and school houses within the limits of the corporation. So far as we know the law sleeps upon the statute books. It certainly comes within the province of an association such as we organize to-day, to breathe into it *new life*.

TOXIC EFFECT OF ALCOHOL IN EXSANGUINITY.

BY JOSEPH SAGER, M.D., NORTH WASHINGTON, OHIO.

[Read to the Northwestern Ohio Medical Association, December 11, 1883.]

On the third day of October, 1883, I was called to attend Mrs. B., the case proving to be placenta prævia. She was an American by birth, aged 42 years, and the mother of seven children. Upon arrival I found her almost totally exsanguinated and still bleeding. She wore the pallor of death, as much so as she did when she was dead. She could not speak above a whisper. The examination revealed a case of placenta prævia partialis; head presenting the mouth of the uterus very little dilated, with gushes of blood and no pain. The first I did I gave her a full dose of ergot, not for an oxytocic, but for a styptic; at the same time I gave her an injection of warm water followed with an injection of cold water. The opposite effect of cold water to warm water made an impression on the periphery, causing a reflex action, thereby closing up the uterine vessels. The effect was a happy one, the hæmorrhage became less and the pain came on.

The placenta occupied the right half of the lower segment, and being pushed through the os, I ruptured the membranes, allowed the escape of the liquor amnii, and forcibly dilated the mouth. The patient having been very much exsanguinated, I turned and delivered at once. The result of my labors was a male child, dead. By this time the patient being much exhausted, and from the loss of blood, she was thrown into convulsions.[1] I administered chloroform at once, kept it up at intervals for six hours, by which means I controlled them; at the same time I put hot bricks to her feet and applied warm blankets to her body. At the expiration of six hours she was comfortably warm.

The hæmorrhage had ceased as soon as the child was born.

I would say, by way of parenthesis, that this patient was of a neurotic diathesis, so that when the convulsions were controlled, she was taken violently with intercostal neuralgia. I gave her a full dose of morphia hypodermically, which effectually controlled it.

The next day, Thursday, October 4, she felt quite comfortable. Friday morning, October 5, she felt very comfortable, took some light nourishment; inquired of the Presbyterian church, and how the new minister was liked.

Saturday morning, October 6, I was called in haste to see Mrs. B., it was said she was dying. On arrival I found her in the following condition: She was crazed with neuralgic pains—facial, intercostal and sciatic neuralgia, with pain in her abdomen, some tympanitis, was very thirsty, called for water continually, very much prostrated, and difficult respiration.

On investigation, I learned that her drunken brother had consulted a friend of his—a doctor—who

[1] There being no kidney complications.

enjoined him to give his sister whiskey, whatever he did, if he wanted her life saved. Surreptitiously to myself he did it. He gave her whiskey Friday afternoon and Friday night, one pint, if not more, in tablespoonful doses. I stopped the whiskey, but it was too late. She died Sunday morning, October 7, in the greatest agony—a sacrifice to despotism and egotistic ignorance.

Whatever may be the effect of alcohol in health, the action on the nervous system, the effect it has on the circulation and nutrition, on the metamorphosis of tissues, and the arrest of the secretions, the toxic effect of alcohol is far greater in anæmia, and still more so in exsanguinity. When we take into consideration the poverty of the blood in exsanguinity, with but little reserve force, we can see at a glance that all the powers of nature must be supported by all conservative means which can be brought into play. The red corpuscles, which are so necessary to life must be cared for, and their genesis.

If we sacrifice a single red corpuscle, we hazard the life of our patient, as the force of the nervous system depends on the presence of oxygen in the red corpuscles.

It is an incontrovertible fact, that the toxic effect of alcohol in anæmia or exsanguinity is the destruction of the red corpuscles in the blood, either directly or indirectly.

It is conceded (and by good authority[1]) that alcohol favors the genesis of white corpuscles in health, which pabulum goes to form areolar tissue, muscle, etc., and every day's experience teaches us that the habitual moderate enjoyment of alcohol encourages a tendency to corpulency. Should this be the case in exsanguinity—the genesis of the white corpuscles favored, it would take the place of the red corpuscles, and prove calamitous to them.

The more probable theory is, that alcohol deoxidizes the red corpuscles. Hence their destruction.

Schulinus admits the destruction or decomposition of alcohol in the blood by way of deoxidizing the blood. He also says, by the introduction of half a drachm of alcohol into one of the lymphatic breasts of a living frog, the circulating fluid was changed from a bright red to a dark color.

Bonwetsch states that alcohol has an affinity for oxyhæmoglobin, destroying the oxygen in the red corpuscles; this he demonstrated by experimenting with ox blood.

I have myself injected alcohol into the cavity of the peritonæum of a live frog under the microscope. I could plainly notice in the circulating fluid in the web of the frog's foot, that at first the circulation was accelerated, but soon it became slower; the disks of the red corpuscles were flattened, while some were blasted or destroyed. The white corpuscles were unmolested, travelling slowly, adhering to the walls of the capillaries.

With these demonstrated declarations, let us look at the present case.

It is well known that in anæmia, we have to deal with the poverty of hæmoglobin in the red corpuscles, while in exsanguinity, we have to deal with the scantiness of the red corpuscles.

According to Flint and other physiologists, when the blood corpuscles are diminished in quantity by hæmorrhage, they are augmented *de novo* in the liquor sanguinis; this, then, is the reserve force.

Having taken care and fostered this reserve force by conservative means, our patient was in a fair way to recovery on Friday morning. The administration of whiskey not only bled our patient indirectly, but destroyed the red corpuscles of the blood and reserve force also.

The condition of the patient speaks for itself. The intense heat and thirst from the burning of oxygen, the condition of the nervous system, and hurried respiration, prove the destruction of the red corpuscles.

What else did it?

There was no other cause—I know whereof I speak.

Experience has proven it, and will prove it again, that alcohol, given to anæmic children, will produce asphyxia. Is it not reasonable, when the respiratory element itself is destroyed?

Alcoholic toxæmia will produce a constitutional tendency to inflammation. This we notice in debauchees. While in this debauched condition from alcohol, the least lesion tends to inflammation. The worst case of cellulitis I have had, was a case of this kind.

The white corpuscles are increased in the blood. At the same time the fibrin is increased largely also. These constitutional conditions will effect local changes in fresh lesions. The uterus in the puerperal state is in condition to become inflamed, if it has the least encouragement. It is a fresh lesion, although physiologically so. In addition there is hyperfibrination and degenerative changes going on.

Now let the blood become deoxidized, either by bad ventilation or a want of cleanliness, sepsis, or from any other source, there will be an inflammatory condition follow.

In my early practice I remember a physician who invariably "dosed" his puerperal patients with whisky. This physician had more puerperal fevers to contend with than any other physician in his vicinity. He finally sacrificed his own wife to this sinful practice.

I know of a bleeder, who whenever she would take wine, the hæmorrhage was increased. She finally refused to take it at all. I gave her credit for her good sense.

From the foregoing considerations, we must conclude that in alcoholic toxæmia the red corpuscles in the blood are decreased by destruction, and the white corpuscles are relatively increased, either by genesis or as the red corpuscles are relatively decreased.

In conclusion I would say, the above considerations being true, we, as a profession, should speak against this sinful practice in thunder tones, that it may be felt through the country from center to circumference.

Dr. N. S. Davis, of Chicago, in his report on the

[1] Leibig.

practice of medicine to the Medical Society of the State of Illinois, discourages the use of alcohol as a remedy in the treatment of disease, in typhoid fever, and especially so where there is a cardiac weakness.

This paper was hastily written, not having time to gather and collect statistics on the subject. I submit it to the society for what it is worth, with the earnest desire to see the theory and practice of the use of alcohol as a remedy in exsanguinated subjects perish and be for ever wiped out.

ARTIFICIAL CULTIVATION OF VACCINE VIRUS.—Dr. C. Quist, a physician of Helsingfors, Russia, announces in the *St. Petersburger Medicinische Wochenschrift*, that he has discovered a method by which vaccine virus can be cultivated in the laboratory. His claim, if true, would render vaccine farms superfluous, since all our virus should be grown in a watch-glass. It will, therefore, be examined with much interest.

Dr. Quist, by cultivating the micrococci ot the vaccine lymph found that they developed into bacilli, which in turn produced micrococci again. After many experiments he found that the two things necessary for growth were oxygen and a proper culture fluid. The vaccine bacterium is, he says, "an exquisite ærobium." The best culture-fluid he found to be egg or serum albumen, to which is added glycerine (to prevent desication) and a little carbonate of lime. The following is one of the several formulæ which were used:

℞ Blood serum, 1 part.
Glycerine, 1 part.
Aquæ distill, 1 part.
Calcii carbonat, 1-900th part.

This fluid is sterilized by keeping it at a temperature of 60° C. It is then spread upon a glass plate, a drop of vaccine lymph is mixed with it, and the whole is covered with a glass bell. The preparation is thus kept for a number of days. In six to ten days the surface is covered with the vaccine organisms. A little of this can be removed and inoculated with the result, according to Dr. Quist, of producing a perfect vaccine pustule. Our experimenter has found also that one inoculation of this cultivated virus produces immunity against a second. He does not, however, yet give evidence to show that these inoculations prevent small-pox.

It appears from reading the account of Quist's experiments that they were carefully conducted. The obvious criticism, however, is that they may only show that vaccine lymph can be largely diluted and yet retain its potency.—*New York Medical Record.*

PROF. BILLROTH'S ANTISEPTIC PRECAUTIONS.—The Vienna correspondent of the *Gazetta degli Ospitali* was recently invited to a laparatomy in Prof. Billroth's clinique in the following note: "Dr. —— is hereby invited to the operation of ——, which is to take place ——. It is understood that Dr. —— undertakes not to visit the same day, before the operation, sick rooms, dissection rooms, or other places in the Pathological Institute, and not to wear clothes which he may be in the habit of wearing in visiting these places."—*Lancet.*

MEDICAL PROGRESS.

ANATOMY AND PHYSIOLOGY.

COMPLETE ABSENCE OF JEJUNUM, ILEUM, AND THE GREATER PART OF THE COLON.—Mr. William Thomas reports a case in the *Lancet*, where in a premature birth at seven months of a female child, no anus was visible; no urethral orifice was visible, but a probe passed in the direction of the urethra for about two inches could be readily felt through the abdominal wall above the pubes. A second could be passed along the posterior wall of the vagina in the direction of the rectum for more than three inches. The child took the breast, but could not retain food for many minutes. It died in four days' time from exhaustion. The autopsy showed: no union between the pubic bones, an interval existing between them large enough to admit the finger. Stomach of normal size, connected with the duodenum by a constricted pylorus half an inch in length and rather less in diameter. The duodenum was an inch and a half in diameter in the distended state, and curved round the pancreas, to terminate on the left side of the spine by a blind extremity. There was no trace of any other part of the small intestine, nor of the cæcum, ascending or transverse colon. The intestine was recommenced by a blind portion of descending colon lying on the lower end of the left kidney, and continued by a sigmoid flexure and rectum, to terminate in the vagina.

A CASE OF GASTRIC FISTULA, WITH PHYSIOLOGICAL OBSERVATIONS.—Dr. de Cirenville (*Revue Mèdicale de Suisse Romande*), gives the case of a vine-dresser, 28 years of age, who suffered for some months from symptoms of gastric derangement which prevented his taking any nourishment. An examination showed an obstruction at the cardiac orifice of the stomach, with a distension of the œsophagus. It was found necessary to open the stomach on the left side, which was performed with success, a fistula established and relief afforded. The patient was fed through the fistula by means of a tube, and gained in weight in 11 days from 105 to 132 pounds. In the early treatmeut of the fistula a simple canula was used, which allowed some of the gastric juice to transude about and upon the open wound to the surface of the skin. This resulted, first, in an eczematous redness of the skin, followed by an ulceration due to a genuine digestion of the skin, but which, after the substitution of the canula used in physiological experiments for the simple canula, was readily healed. It was found impossible to overcome the resistance of the cardiac orifice, either by the sound introduced through the œsophagus or from below upwards through the stomach.

M. Herzen, Professor of Physiology, at Lausanne, adds to this record of the case, the results of some of his experiments in stomach digestion, which he intends to make more complete and to give more in detail. He notes the fact in this case that the stomach contains regularly, in the intervals of digestion, a considerable quantity of fluid, between 200 and 300 centimeters; that it contains no traces of the previ-

ous meal. Its appearance, odor and reactions showed that bile was present, but nevertheless it was sufficiently acid to redden litmus paper and to give the violet color with an aqueous solutior of tropéoline OO; it transformed starch into sugar; this too with an impermeable obstruction to instruments at the cardiac orifice which excluded the probability of saliva passing into the stomach, and rendered it possible that the pancreatic juice might be present. To test this point he gave as a drink 50 c. c. of the syrup of myrtle? strongly colored and containing the pellicles of the berry. In a quarter of an hour nothing had entered the stomach, in a half an hour the contents of the stomach were rose-colored, and in three-quarters of an hour there was a decided red color, with two or three pellicles. The test for trypsine was negative, but pepsine and zymogene were found in a very small quantity.

Calling this the first contents of the stomach, he passes to consider what he calls the second contents of the stomach. After introducing a canula and emptying the stomach completely, by degrees a fluid is formed which is entirely different from the first; it is colorless, limpid, thick like the white of egg, and in much smaller quantity than the first. It is acid in reaction with litmus paper, but not always with tropéoline, due, possibly to the varying amount present of albuminoid substances which combine with the acid. Its digestive property is appreciable only when diluted with an acid solution, but does not even then equal the active peptic gastric juice.

Digestion in this case continued for 7 or 8 hours, and after the stomach had completed its work, there seemed to be a complete relaxation which resulted in the passage of the contents of the duodenum into the stomach, the desire for more food returning some time before the stomach had emptied itself. His experiments in peptogenesis are so far limited, but he records one fact noticed, that in introducing the albumen mixed with distilled water simply, an indigestion followed which showed, with other experiments, that it was necessary to accompany it with some peptogenic liquid, as a small cup of bouillon, to insure its proper digestion. According to this, then, we should suffer from indigestion more frequently after our morning meal, were it confined to eggs, for example, and were it not, as it usually is, very peptogenic in character.

RESEARCHES INTO THE MODIFICATIONS OF TEMPERATURE BY OINTMENTS EXTENSIVELY APPLIED IN FEBRILE DISEASES OF CHILDREN.—Dr. P. Colvat discusses this interesting subject at some length in the *Lyon Medical*. He dates the contradiction of the physiological view of this question, that impermeable coverings to the skin are dangerous, from the demonstrations of Fourcault in 1838, to the effect that an impermeable varnish and fatty ointments produced a refrigerant and beneficial effect in phlegmasiæ. Schlemann is generally given the credit of having introduced this method, which he employed only in scarlatina, by anointing the whole of the cutaneous surface, thereby modifying the fever, diminishing the frequency of the pulse, relieving the sensation of heat and tension of the skin, rendering less frequent the complications which accompany desquamation, and diminishing the chances for contagion. A number of writers have followed these in their favorable consideration of the subject, but Senator (1877) is the only one who has made any important researches into the lowering of the temperature in these cases. He found in the normal adult no change in the temperature after the application to the skin of a variety of impermeable substances and fatty matters; in the feverish adult there was a lowering of the temperature, but it was restricted in degree, and supposed that in children the lowering of the temperature was due to their approaching more nearly to the state of the lower animals in the great extent of their external surface. (How this reasoning applies exactly is not made very clear.)

Dr. Colvat has used this means with children in cases of scarlatina, variola, broncho-pneumonia, etc., using suet, cerate, and vaseline, preferring the latter from its never becoming rancid. He has nearly always observed after its application the symptoms consecutively of relief, calm, and sleep, and in most cases a notable and persistent lowering of the temperature, the thermometer in the rectum recording generally a lowering of 0.5° C., and exceptionally 2° C. The fall of temperature commences immediately after inunction, in five minutes to the amount of several tenths of a degree; at the end of an hour, as a rule, the lowest range is reached, to return to its former height in from two and a half to three hours. If then the ointment is re-applied, the same phenomena recur. Most of his cases were children of from one to two years of age; one was thirteen days old, another three months, and in these two was the lowering of temperature most marked.

It would seem as if to-day it was abundantly proved that no injurious effects followed this treatment. Schlemann continues the anointing of scarlatina cases for four weeks. Not only is there no albuminuria or visceral congestion produced, but they seem with the serous inflammations to have become less frequent as sequelæ. As to the now classic case of the child that was gilded to assist in the ceremonies which made Leon X. a Pope, Senator explains its death as from poisoning from some toxic material used in the gilding.

When it comes to giving the physiological reasons for the facts stated, Dr. Colvat admits with Claude Bernard that he is at fault, and can give no satisfactory explanation. He discusses a number of theories, but in a doubtful manner.

OBSTETRICS AND GYNÆCOLOGY.

ON THE APPLICATION OF FORCEPS TO THE BREECH.—Dr. Ettore Truzzi has published in the *Gazetta Medica Italiana Lombardia*, an article on the advantages and the methods of applying the forceps to the podalic extremity of the fœtus, a translation of which is given in full in the *Annales de Gynécologie*.

Dr. Truzzi recognizes the presence of certain conditions where the podalic extremity becomes immov-

able, and where it is necessary to bring down the feet or to use the finger or crochet in the groin in order to deliver the fœtus. He cites Livret as recommending the use of the forceps under the circumstances, and refers to Belluzzi as having given in full the pro and contra views on this subject. In his own practice he gives two cases where easy extraction of the fœtus was accomplished without any slipping of the forceps or injury to the child. Professor Porro assured him in their consultation upon one of the cases, that the dangers attendant upon this operation were greatly exaggerated, giving a case where the forceps were applied to the breech, in 1871, by Dr. Nonzini at the Maternity Hospital at Milan, with great success.

The recent memoirs of Belluzzi and of Ollivier tend to popularize the application of the forceps to the breech. But these two authors do not agree as to the best modes of making the application of the forceps. Belluzzi considers that the forceps, to be useful, should have a cephalic and pelvic curvature much less marked than in the ordinary forceps; the fenestrated extremities should also have a much larger opening. Ollivier considers that the forceps should not be applied to the pelvis, but to the thighs, and would be particularly applicable in the posterior sacro-iliac positions, the lower limbs being folded over the sternal plane, and corresponding to the anterior wall of the maternal pelvis, the forceps could then be applied to the thighs without exerting any pressure on the abdomen or pelvis of the fœtus.

With these points prominent in his mind, Dr. Truzzi experimented with 14 subjects where the child had died during labor or shortly after birth. He gave them first a prolonged warm bath to remove all cadaveric rigidity from the soft parts, then placed them in the pelvis in the position for a breech presentation, supporting the thighs against the sternal plane by means of cords. He was assisted by Prof. Porro, and extraction was attempted with the fingers, the crochet and the forceps. After extraction, a careful dissection was made in each case to determine the extent of the lesions. From these experiments, and from his two clinical cases, he arrives at the following conclusions:

1st. In the case of wedging of the breech in the upper or middle part of the pelvic excavation, if a rapid extraction is necessary, instead of attempting traction on the fold of the groin with the finger or the crochet, it is preferable to apply the forceps. Undoubtedly, traction in the groin admits of a better adjustment, and exercises less force than with the forceps, but these advantages are amply compensated for by the accidents which so frequently result, as fracture of the femur, and laceration of the soft parts of Scarpa's triangle.

2d. The proposition of Ollivier to apply the forceps on the thighs and not on the pelvis of the fœtus, is seductive in theory, but not in practice. In the sacro-iliac posterior position, the hold being upon the thighs, the posterior borders of the blades always compress the abdominal walls of the fœtus, and as the extremity of the forceps should, according to Ollivier, extend almost to the knees, the compression would be dangerous for the integrity of the parenchyma of the liver. They are liable to slip gradually, and after traction, lose their hold and produce an antero-posterior chafing.

3d. Much easier, surer, and less dangerous is the method of applying the forceps to the sides of the pelvis of the fœtus. The iliac bones are, at that period, quite elastic—they are protected by soft parts, which form true cushions, so as to sustain considerable pressure before appreciable lesions can be produced upon the pelvis of the fœtus. In all of the careful dissections made after these experiments, there was no fracture of the illiac bones, or lesions of the sacro-iliac or pubic articulations.

4th. To obtain a firm grasp, the blades of the forceps must reach the level of the crest of the illeum. They should be so brought together as to make these crests the points of resistance during traction, and to give the hips of the fœtus a convexity of form, thus filling in the space and preventing injury to the abdominal viscera. This mode of application of the forceps is absolutely without danger, according to Dr. Truzzi, who has never seen any contusion or laceration of the parenchyma of the liver or other viscera as a result.

5th. In his experience, the Porro forceps applied to the sides of the pelvis of the fœtus, give an excellent hold, particularly in anterior presentations. In posterior presentations, if the forceps slip, it is better to rotate the sacrum anteriorly, and then reapply them. It is well in the intervals of traction to keep up a certain degree of compression of the handles, as the iliac bones tend, by their elasticity, to return to their previous shape, and thus push aside the blades, causing them to lose their hold.

NEW INVENTION.

A SUBSTITUTE FOR STRAPPING THE TESTICLE AND THE TREATMENT OF HYDROCELE.—Dr. J. C. Warren exhibited to the Suffolk District Medical Society a chamois-leather bag which he had devised for the purpose of exerting pressure on a small collection of fluid left in the tunica vaginalis remaining after an operation for radical cure, and a woodcut of which is given in the *Boston Medical and Surgical Journal*. The bag can easily be applied by isolating that portion of the scrotum containing the testicle to be compressed and forming a pedicle, which is preserved by tightening the chamois-leather string. The bag is then laced from above downwards, and, if it has been made to fit snugly, exercises a gentle and equable pressure. If it is necessary to increase the pressure, a few turns of a common narrow roller bandage around the equator of the globular mass are all that is necessary. This bag is free from the well-known discomforts of plaster, is easily made and applied, and can be removed and reapplied by the patient himself as often as is desirable, thus avoiding excoriation at constricting points. In the single case in which it was used, the effusion promptly disappeared, and has not since returned at an interval of nine months.

MATERIA MEDICA AND THERAPEUTICS.

FRAUDULENT TARTAR EMETIC.—An article in the *Progres Mèdicale* is quite severe on the chemical products introduced from Germany into the French market, as being impure and consequently sold at lower rates. Of tartar emetic it says: The Syndical Chamber for chemical products at Paris, found the German preparations to contain 41 to 46 parts per 100 of oxalic acid. The municipal laboratory arrived by analysis at the same result. After these facts had been made public, the *Chemiker Zeitung* of Goethen declared that from different places, particularly from Saxe and from Wurtemburg, a so-called emetic salt was introduced into commerce containing oxalate of potassa and antimony without a trace of tartaric acid.

It is sufficient to consider the preparations in which this salt takes part to recognize the danger not only from replacing tartar emetic by an unknown salt, but also from its rapid poisonous effect. Tardieu cites a case where death followed the ingestion of 30 grains. Besides being used as an emetic, tartar emetic is used as a purgative, as an alterative, and as a counter-stimulant, in doses of from 8 to 15 grains during the 24 hours, (?) and persisted in for days at a time; which is much more than would be required to poison a patient with oxalic acid.

THE PREPARATION AND APPLICATION OF KEPHIR (THE NEW DRINK FROM CAUCASUS).—Dr. W. Maximon writes from St. Petersburg to *La Semaine Médicale* concerning this new drink, which has become quite fashionable, and replaced koumiss to a great extent during the past two years in St. Petersburg. It has been carefully studied by more than a half dozen of the scientific men of Russia, and only differs from the koumiss of cow's milk in being produced, not by yeast, but by a specific ferment, which comes from Caucasus; it was for a long time a great secret among the inhabitants of that region, who have many legends to explain its origin. They prepare a drink called arian, by pouring the fresh milk of the goat into an oaken vessel with a narrow neck, placing in it a piece of the stomach of a sheep or calf; when the milk clots they shake the vessel from time to time, and then use it for drink. When the milk is used up they renew it with fresh milk which mixes and clots with the rest; this goes on indefinitely. At the bottom and walls of the vessels a peculiar sediment forms in the shape of balls or grains, which is the specific ferment in question.

If this be placed in fresh milk it produces a new fermentation, and gives a soft and refreshing drink, with an agreeable taste, called kephir, from the word *keif*, delicious. This liquid has the thickness of cream and is frothy, it is exceedingly nutritious and light, even for the weak stomach of sick persons, more so than koumiss. The grains of kephir when examined microscopically, present spores of the saccharomycetes, oidiumlactis and bacteria.

It requires a certain amount of skill and a good deal of patience in its preparation. A half a glassful of these dried grains, which are found on sale in many of the Russian towns, is put into warm water for five or six hours until they swell up. Then they are put into a glass of fresh milk, which is changed every three hours for two or three times. When these thoroughly softened grains change from a yellow to a white color, they are ready for use in making kephir, and are put into fresh unskimmed cow's milk in the proportion of a soupspoonful of the grains to two glasses of the milk: the carafe is covered with a bit of muslin and exposed without cooking to a temperature of 64° to 69° Fah., shaking it constantly. In seven or eight hours after it has commenced to ferment it is transferred to champagne bottles, being strained through the muslin and kept at the same temperature, the bottles being shaken every two or three hours. At the end of twenty-four hours it is prepared for use, but does not contain much carbonic acid or alcohol, being called weak kephir. At the end of two days it is of medium strength, and of the consistency of cream. At the end of three days it becomes more liquid, and is the strongest. To preserve it in its various stages of strength it is put on ice in the cellar, the cold arresting the fermentation, but it must still be shaken at least once every day. This ferment will serve after removal to prepare a fresh supply of kephir, or if not needed for immediate use the grains are carefully washed, dried quickly in the sun and preserved in hermetically sealed glass vessels.

The properties of good kephir are: its consistency of cream, its milk-like color, no residue, frothy like beer and a sharp sweet taste, which pricks the tongue like carbonic acid. According to a number of scientific observations, kephir is the best of all known nutrient drinks, being three times more so than koumiss; it is very easily digested and is strengthening, it is also expectorant and diuretic. Is used in general debility and deficiency of nutrition with convalescents from serious diseases, such as typhoid fever, also with children at the breast to replace breast milk, when it is made from skim milk, is boiled and mixed with water, four or five spoonsful to the bottle.

The chemical analysis gives for the unboiled milk a percentage of caseine, 85.7; albumen, 8.3; hemialbumen, 6.0. Boiled for ten minutes, caseine, 76.6; albumen, 0.8; hemialbumen, 22.6.

As boiling prepares the albuminous substances of milk for stomach digestion it is perhaps best in the boiled state. For anæmics, 0.06 to 0.12 centigrammes of lactate of iron to the bottle is useful.

As it is merely an aid to nutrition, the dose is not fixed. One glass the first day, two the second, three the third, and so on until three or four bottles are taken in one day. It is drank by mouthfuls and warm. Fresh kephir, that of 24 hours ferment, is a little laxtive; strong kephir is a little constipating.

A NEW medical college in Cincinnati has been organized under the title of the Medical University of Ohio.—*Louisville Medical News.*

THE

Journal of American Medical Association.

PUBLISHED WEEKLY.

THE EDITOR of this JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information, should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, MARCH 8, 1884.

ILLITERATE DOCTORS AND MEDICAL LEGISLATION.—Under the head of domestic correspondence in the present number of the JOURNAL, will be found a short and characteristic letter from Dr. A. L. Gihon, U. S. N., which contains further evidence (of which the world had abundance already) that some graduates of medical colleges are very illiterate, and closes with an earnest request that every member of the American Medical Association will "*pray*, if nothing else, that wisdom and courage may be given the Legislature of the State of New York to enact the law that will put that great commonwealth in line of battle with Illinois and West Virginia in the war against medical ignorance and incompetence, 'regular' as well as irregular." Inasmuch as our enthusiastic representative of the medical staff of the Navy has improved every opportunity, during the last few years, to show the gross ignorance of many doctors holding diplomas from some of the oldest and most respectable medical colleges in this country, it seems a little singular that he should ask the great body of the profession to engage in *prayer* for the enactment of more laws establishing State Boards, whose members are required to accept the diplomas of these same medical colleges as sufficient evidence of qualifications for a State license to practice medicine. The war that such boards can wage against "medical ignorance and incompetence," will never amount to more than light skirmishing along the out-posts, and is hardly worth *praying* for. Had he asked the members of the Association "to pray" that the Legislature of every State may have sufficient "wisdom and courage" to enact laws similar to those in Alabama, North Carolina aud Virginia, by which every man or woman proposing to enter upon the practice of medicine, shall demonstrate his or her qualifications, under a thorough examination by the State Board, without any regard whatever to medical college diplomas, we could have joined in the general prayer-meeting with some degree of enthusiasm.

QUESTIONS AND ANSWERS.—"*Dear Sir:* Is there any little manual containing the Code of Ethics, constitution, and by-laws of the American Medical Association? Questions are frequently asked me by men much older in the profession than I am, which can only be answered by reference to those articles, but they, like many of us younger men, do not happen to possess copies of the Transactions of the society. Would it not be well to publish the articles in the JOURNAL if they are not published in manual form?

A local medical society over fifteen years ago adopted a fee table. Said society never meets now. New physicians have come in who have never subscribed to said table; some that have 'cut rates' with irregulars, though they themselves are members of the A. M. A. What is to be done about it? x."

Answers.—We know of no manual or publication containing the constitution, by-laws, and Code of Ethics of the American Medical Association, except the Volume of Transactions published by the Association itself. The Code of Ethics alone was published in a neat little duodecimo volume by William Wood & Co., of New York, and could probably be procured at most of the larger medical book stores, or through almost any book dealer. Its price is 50 cents a copy, if I remember correctly. Unless otherwise ordered, the constitution, by-laws, and Code of Ethics will be republished in the last number of Vol. II of the journal of the Association, there being a standing rule requiring that they be published with the Transactions every year, more especially for the information of new members.

If the members of the profession in any town or county, after due notice, meet in convention and adopt a *fee bill*, we suppose the rates thus established would remain binding upon all members of the profession in that locality until revised or altered by another convention. But if an organized medical society, without regard to the profession as a whole, adopts a fee bill and then expires, we think its fee bill expires also, inasmuch as there remains no active organization for its enforcement.

THE PROFESSION IN NEW YORK AND THE ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—We learn from a reliable source that the new State and County Medical Association in New York are prospering beyond the anticipations of their warmest friends. And through them the profession in that city and county will be well represented in the coming meeting of the National Association in Washington. As a large proportion of the county societies in other parts of that State have adhered to the National Code, and thereby preserved their right to representation in the national organization, it is probable that the whole State will be as fully represented in the National Association as in former years. There are also indications of a larger representation from the profession in the New England States than for many years past. All the circumstances indicate that the coming meeting in Washington will be one of the most important ever held.

JAMES MARSHALL AMBLER, M.D., U. S. N.—The remains of this heroic medical officer, who perished in the Polar exploring expedition of the ill-fated Jeannette, very recently arrived home under proper escort, and were buried in his native town in the interior of Virginia. Let no one fail to read the interesting obituary notice of him, under the head of Necrology, in the present number of the JOURNAL.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Regular meeting, February 18, 1884.

Report of a case of ventral hernia in the male, with pathological specimen, by Dr. Wm. L. Axford.

Report of three cases of arrested fœtal development, in one of which there was an entire absence of the abdominal wall and the umbilical cord, by Dr. L. A. Harcourt.

We cite the important points of the first case presented as follows:

F. B., aged 56, weight 340 pounds. An enormously large and fleshy man; had been troubled for the past twenty years by a tumor situated above and to the left of the umbilicus. He did not know any cause for its appearance, having never been injured along the linea alba. At first the symptoms were those of a slowly-growing tumor. He wore a pad for a number of years, and in this way was able to keep the "mass" within bounds; but during the past five years it became uncontrollable, and had been a constant source of trouble, dating back to a very severe attack of constipation followed by severe vomiting. As near as could be ascertained at that time, he had all the symptoms of a strangulated hernia. Two years before death another strangulation occurred, and at that time Dr. Axford was invited to see him. The strangulation subsided in each instance under the use of opiates with rest in bed. In the intervals he had weekly attacks of what was described as a *hardening of the mass*. At such times it would increase to an unusually large size, and include the umbilicus in the swelling and become extremely painful, but he did not vomit. He would go immediately to bed, and after a day or two of rest it would again subside. When the writer first saw the case, at the time it was strangulated the second time, the tumor was about the size of an adult head, hard and tense, but resilient to the touch. Percussion gave dullness over the upper and left part of the mass, while over the lower two-thirds the percussion note was tympanitic. A variety of diagnoses had been made by a number of physicians, tumors of various kinds, particularly fatty tumor, hernia, hernia with fatty tumor, etc., etc. The physician who first treated the case evidently took it for hernia, as he treated it by a pad, and by this means controlled it for a long time.

The essayist believed it to be a ventral hernia when he first visited his patient, and that it contained intestine and omentum. He accounted for the dullness over the left and upper part by supposing that so large and obese a man would naturally have a thick, fatty omentum, which, from its anatomical relations, could easily occupy the left and upper portion of the hernial sac. Recently the patient died, with symptoms of strangulation similar to those of the two previous occasions. The sac of the hernia was exhibited to the society, and while no omentum was found in it at the autopsy, the sac contained a considerable portion of small intestine. As above stated, the case was one of twenty years' duration, and the tumor was always a great source of inconvenience, and at times exceedingly troublesome, aside from the two attacks of the symptoms of strangulation from which he barely recovered, while the third attack proved fatal. None of the physicians who previously attended him had diagnosed it to be ventral hernia, as these herniæ usually give rise to great gastric symptoms, which were present but a short time in the case of Mr. B. In the discussion which followed, considerable contrariety of opinion was expressed regarding the use of a rubber bandage applied in treating this variety of hernia, as well as the utility of it in femoral, strangulated femoral, and other forms of rupture that occur in both sexes. Its advantage was affirmed by some, and denied by others. It was also argued by one speaker that he personally had met a case of strangulated femoral hernia that recovered without sloughing or operation, and that, so far as he knew, little or no treatment had been carried out, which he admitted was a surprise to him; for when he was called to see the patient he was suffering acutely from well-marked symptoms of the strangulation, yet within a few days the man recovered, and resumed his duties attending a garden of which he was owner.

In the second paper, regarding "Maternal Impressions," the cited author the following cases, which constitute a synopsis only of his report:

CASE I.—On the 4th of March, 1881, attended Mrs. C. in labor with her fifth child. Some months before, she was threatened with an abortion, having had pain and hæmorrhage for several days, but rest and anodynes averted the calamity. An examination in the present case of confinement, revealed the os uteri to be about two-thirds dilated, the membranes protruding into the vagina, but only a membranous tumor could be felt by the finger. Thinking there might be a breech presentation, and that instrumental aid might be necessary in the delivery of the head, the doctor departed for his forceps two blocks away, requesting the lady to retire to bed at once. Returning in a few moments, he found her in severe pain, the membranes protruding from the vulva, and as the pain subsided, the index finger of the right hand was passed beyond the tumor, which was a spina bifida. The fœtal head was distinctly felt. The os uteri was fully dilated. He ruptured the membranes at the next pain, and almost in an instant the child was ushered into the world with extraordinary force. The warm blood was felt to gush into the operator's hand, and he feared he had a case of post-partum hæmorrhage to deal with. A glance at the woman's face banished this fear and he looked for some other explanation of the hæmorrhage. The child and placenta came into the world simultaneously. Looking at the child, which was alive, its face grew white; a second glance revealed the fact that its abdominal parietes were wanting. The anterior and part of the lateral walls of the abdomen were absent from a little above the os pubis to a little below the ensiform cartilage, leaving the abdominal viscera exposed. The intestines, of course, protruded; the bladder, kidneys, stomach and other organs could be distinctly seen and felt. The integument of the abdomen above, below and laterally *degenerated* into membrane, and a membranous fringe from three-fourths of an inch to an inch and a half in width, resembling that attached to the placenta, and from which something had been irregularly torn, encircled the opening. The lower extremities formed an obtuse angle with the body, the hips projecting to one side, as if the limbs of one fœtus had been engrafted obliquely upon the trunk of another. There was spinal curvature in the lumbar region. It was something of a monstrosity, the sex of which the writer has forgotten.

An examination of the child, the placenta, the vagina of the woman, and the bed, failed to discover the slightest trace of an umbilical cord, and the accoucheur's impression is, that the membranes were attached directly to the child's abdomen, and torn from it by the child's expulsion. The child lived only a few moments. The mother made a good recovery. She was not permitted to see the child until dressed, but knew that something was wrong, as no cord had been tied. She stated afterward, in explanation of the abnormal condition of things, that before she was threatened with the miscarriage she had seen a man who had fallen from a scaffold, whose abdomen was so torn that the intestines protruded from the rent, and who died in a few hours. The shock she received at the time, she thought, caused an arrest of fœtal development, giving rise to the condition mentioned.

In the interest of science, an effort was made to procure the child. The doctor offered to charge nothing for the services rendered, if they would give it to him. The father seemed to appreciate these motives, but the mother would not listen to the proposition under any circumstances. As nothing of this kind had ever occurred to him previously, nor within his professional knowledge, or in his reading, he was, for this reason, desirous of obtaining and keeping this specimen.

CASE II.—He was invited by Dr. Tousley, of Weyannega, Wis., 13 years ago, to see what the doctor called a headless child, recently born. Upon arriving at the house, found this statement only partially true, as the essential part of the head, *i. e.*, the brain, was there, a part of its osseous covering alone being absent. It was a case of imperfect or arrested development of the cranial vault, a part of the frontal, temporal, parietal and occipital bones being wanting. They were absent from a line beginning a little above the supraorbital arch, passing backward, arching slightly over each ear and passing through the occipital protuberance. The brain and its coverings were intact; the longitudinal fissure was well-marked, giving rise to two soft yielding tumors, which the doctor at first mistook for the breech; the face was broad and flat; the nose flattened; the eyes small, round and protruding, probably from pressure upon the brain during labor. Every feature was distorted and repulsive in the extreme, while the countenance resembled, in some measure, that of a hog. The mother was a native of Germany, and she, too, had an explanation to offer, namely: Some time after conception, she came suddenly where hogs were being butchered, and saw a number of them decapitated. She was startled, and hence, as she thought, her misfortune in giving birth to an *acephalous fœtus*.

The author gave a written report of an additional case, the principle facts of which were taken, and briefly stated as follows: The case occurred in Wisconsin under his immediate care. Some months before he confined the wife, he was called to see her husband, who had fallen from the rafters of a house, striking against the joists and sleepers in his descent, and sustaining some injury about the back of the neck and between the shoulders. The patient's shirt was removed to examine the injuries, when there was found an abrasion of the integument, and contusions extending from the occiput to the second or third dorsal vertebræ. The injuries, while not severe, looked bad at the time. The shoulders and upper part of the back were more or less spattered with blood. While undergoing this process, the wife came into the room, and on seeing her husband bleeding she became very much excited and alarmed. She was at that time in the third month of pregnancy. About four months later she prematurely gave birth to a child, on whose neck and between whose shoulders were marks, the exact counterpart of the injury sustained by its father some months before. A triangular space, extending from the occiput down-

wards between the shoulders, was covered by a reddish membrane (not skin), presenting in miniature the appearance of the father's neck when seen by the mother. Reddish spots were scattered about the back and shoulders, corresponding to the blood stains on the father. The child did not survive.

The Secretary knew that in Dr. Harcourt's experience he had seen the above cases, and at his request they have been presented to the society in this report, and are truthfully given by the author. Although scientists state, there are no such results from mental influences. Whether these impressions, or so-called mother's marks, and the attending or subsequent morbid developments, stand in the relation of cause and effect, or were mere coincidences? It was not his province to determine this, but they seem to confirm the belief entertained by many that "Jacob knew whereof he bargained, when he agreed with Laban to take as hire all the brown lambs and speckled goats and cattle born after a given date." In the discussion Dr. A. Lagorio recited briefly the main points concerning a case he saw last April, although the woman who had been confined was attended by a midwife. A baby was born having double hare lip, extending through the alæ of the nose. The nose was flattened, there was a cleft palate, the eyes were closed, and the lids could not be separated, there was no rotundity of the eye-balls. The child lived 15 or 20 days and died from inanition. At the autopsy there was discovered an entire absence of the eyes. The mother was 40 years old; an Italian. She had undergone during the period of her gestation great hardships, such as scrubbing, using a mattock to remove stumps and roots, picking up coal, carrying weights on her head, etc. The poor woman supposed the midwife to be a witch, and as such had marked her baby while "in utero." He believed there was no case on record in this country where a child was born without eyes, or where the lids could not be divided. In Vienna three cases have been reported where the eyes were missing, or where the eye-lids were closed at birth. In one of the cases the lids were separated and the eyes opened, and subsequently the child perceived objects.

Dr. S. J. Avery gave a history of a case he had seen. When called to attend a lady patient about to be confined, he ascertained that a breech presentation was the position that the child occupied; he got along very well until delivery of the shoulders, this was accomplished with more than ordinary difficulty. In the delivery of the head he discovered that it was hydrocephalic and measured, he thinks, eight or nine inches antero-posteriorly. In the delivery cephalotomy was performed. The mother recovered with no serious trouble or cellulitis.

Dr. J. G. Kiernan gave an abstract of a number of cases that had been reported in different journals purporting to be from embryologists. Some of the cases cited were very extraordinary. Men skilled in embryology have very little doubt but what a sudden and violent mental shock may arrest development in a fœtus.

The society then adjourned. L. H. M.

CHICAGO GYNÆCOLOGICAL SOCIETY.

CHICAGO, Feb. 15, 1884.—The Chicago Gynæcological Society held a regular monthly meeting, Friday evening, Feb. 15, in Parlor 4, Grand Pacific Hotel. The following paper on "Cirrhosis of the Pancreas; Pregnancy; Emaciation; Death," was read by Charles Warrington Earle, M.D.:

Several months ago I reported to the Chicago Medical Society two cases of cirrhosis of the pancreas, and before I have been able to find time to revise and re-write the article for publication, another case is presented to me, the notes of which are kindly presented by Dr. Joseph Haven:

Was first called to see Mrs. R. on Nov. 18, 1883, to relieve, if possible, the nausea and vomiting of pregnancy. She is American by birth, of nervous temperament, aged 36 years, and has been married thirteen years. She has had two children, both of whom are living, and eight years ago one miscarriage, which was followed by some uterine disease. Aside from this, she has always enjoyed comparatively good health. Up to three months ago menstruation had been regular, the amount normal, and pain not excessive. At this time menstruation ceased, and shortly after nausea and vomiting followed, for which she seeks relief. She states that six weeks ago her appetite began to fail, and she has gradually lost flesh from that time, but aside from nausea, she had experienced no pain or inconvenience of any kind; and inasmuch as she has always become very much reduced during previous pregnancies, she has paid little heed to this symptom.

I found the patient anæmic, much reduced in flesh, muscles flabby, and a general lack of vitality. Temperature normal, and physical examination elicits nothing aside from what would be caused by anæmia; the bowels are constipated.

I prescribed antacids, a laxative at bed time, and a general course of tonics and stimulants, including iron, hypophosphites, cod-liver oil, koumiss, and sherry wine.

November 23. Her husband called as directed, and reported that his wife's condition was much improved, the nausea relieved, and the appetite improving. She is ordered to continue the tonics and stimulants, and he is requested to report any change that might occur.

December 13. Was called in the night, and found patient in a critical condition; extremely emaciated, respirations slow and labored, radial pulse, scarcely perceptible, extremities cold, breath very offensive, articulation difficult, due in part to coexisting aphthæ, heavily coated tongue, sordes on the teeth. Husband states, that she has been failing several days.

December 14. Slight improvement; has revived somewhat under the use of stimulants.

December 15. Dr. Earle called in consultation; finds no symptoms other than those of anæmia and prostration, and suggests the possibility of obscure internal complications, such as disease of the pancreas.

December 16. Nourishment and stimulants by stomach and bowels give only temporary improve-

ment.

December 17. Died.

December 18. Post-mortem. Uterus enlarged to extent of three months pregnancy; all the other organs apparently normal, with exception of the pancreas, which is hard and contracted, a portion of which is removed for microscopical examination.

In the history of this case, from beginning to end, there has been a lack of symptoms other than a general failing of the powers of life. There has been no pain or other symptoms to locate the trouble in any particular organ. An analysis of urine failed to establish renal complications. It is to be regretted that the character of the fæcal dejections could not be ascertained as to presence of fat. There is no family history of scirrhus, constitutional, or wasting disease.

Discussion.—Dr. C. W. Earle: That diseases of this organ are rare, probably no one will deny, and although it is possible that affections of the pancreas may occur somewhat more frequently than we now suppose, their diagnosis must for obvious reasons always be difficult. Bartholow says that so little is definitely known of diseases of the pancreas, that many systematic works omit this subject altogether. Aitken, in his large work, does not speak of disease of this organ. Hartshorne, editing Watson, devotes about fifteen lines to the consideration of the subject. Flint and Wood have short articles, and I have looked through scores of bound volumes of journals without finding an allusion to disease of the pancreas. For anything like a comprehensive discussion of diseases of this organ we are obliged to go to Ziemssen. I cannot find a single case in all the books to which I have had access, where exhaustion from the anæmia of pregnancy has been associated with disease of the pancreas. The author of the article on diseases of the pancreas in Ziemssen's Cyclopædia, makes this one remark: "Pregnancy is believed by some authors to predispose to this (pancreatic) disease." The occurrence of three cases of disease of this organ in the practice of one individual in the course of three years, all of them proving fatal, and the diagnosis of all of them being demonstrated by microscopical examination, seems somewhat surprising. I have come to the conclusion that we have not up to this time paid as much attention to diseases of this organ as we should. I believe that a considerable number of cases that we suppose to be due to pernicious anæmia, leucocythæmia, etc., may be due to chronic disease of the pancreas. I shall place these cases on record as much to elicit inquiry and observation from other members of the profession, as from any other one thing. We frequently see cases in practice where there is very great emaciation, white color to all the integument, showing want of red blood corpuscles, and I have come to think that these changes may be due, at least in some cases, to disease of the pancreas. The functions of the pancreas, as now given by the latest authors of physiology, are as follows:

1. The pancreas digests fats and assists in the conversion of starch into sugar.

2. It assists in the digestion of albuminoid compounds.

The organ is, as will be remembered, sometimes called the "abdominal salivary gland;" and, reasoning from analagy, is it not possible that it may be disturbed somewhat as the salivary glands are disturbed?

The diagnosis will be difficult, if not impossible. The principal symptoms are emaciation, a flow of saliva-look ng fluid from mouth and vomiting of fatty matter, with the passage of fatty material from the bowels. During the course of these three cases I have looked up the literature very closely, and I mnst say, that even now, I do not think I would be able to diagnosticate a case. The microscopical changes are described and kindly furnished by Prof. Marie J. Mergler.

"On microscopical examination, the entire organ is found more or less altered, In some portions the connective tissue between the acini is increased, and many of the gland cells have undergone fatty degeneration, in others the broad bands of connective tissue encroach considerably upon the glands, and in place of their large polyhedral cells are found small irregular, shrivelled bodies, evidently atrophied gland cells, and still other sections do not even present a trace of gland structure, consisting entirely of connective tissue."

Dr. Merriman—Has the author in Ziemssen given any means of diagnosis during life?

Dr. Earle—Not only has none been given, but he says that no one of the possible symptoms can be relied upon as pathognomonic.

Dr. Earle then gave a brief history of the other two cases in his own practice, and also remarked that it was his opinion that frequently the pancreas was not noticed in ordinary post-mortems, and that a distinguished pathologist once told him that many medical men had never seen the organ.

Dr. Merriman—You mention in the second case increased salivary secretion. Now I should expect that, on account of the salivary glands, to a certain extent, having functions similar to that of the pancreas; for instance, changing starch into sugar. Was that symptom noticeable in the other cases?

Dr. Earle—I do not remember, but it has been noticed by others who have observed pancreatic disease; so much so that this is classed as one of the prominent symptoms.

Dr. Jno. Bartlett—When I was young I used to be accounted something of a gross pathologist. I have on several occasions made as many as five post-mortems in a day. I have made a good many post-mortems in my life, and it is my opinion that not once in fifty times is the pancreas looked at.

Dr. Sawyer—I remember being present at an autopsy that was made by Dr. Weber, the pathologist of the City Hospital of Boston, upon the body of a young girl supposed to have died from chlorosis. I remember the peculiar cast, the peculiar tint of the face presented by that corpse. I never saw anything like it. If all cases of chlorosis are as well marked as that one, then the disease can well be called chlorosis. Before opening the body Dr. Weber said to the class: "We shall probably find disease of the

pancreas, as it is one of those diseases accompanied by extreme bodily waste." I saw the pancreas in this case, and I believe it was the first time I ever saw it.

Dr. Merriman—I am more and more convinced that we don't begin to know about nutrition as we ought. I have a case of chlorosis in hand now, and this paper and discussion sets me to thinking more than ever before.

Dr. Jno. Bartlett then presented verbally a report of a "Difficult Case of Labor," which proved of decided interest and elicited much discussion.

The society then transacted some miscellaneous business, and adjourned. J. E. H.

STATE MEDICINE.

HEALTH IN MICHIGAN.

Reports to the State Board of Health, Lansing, by observers of diseases in different parts of the State, show the principal diseases which caused most sickness in Michigan, during the week ending Feb. 2, 1884, as follows:

NUMBER OF OBSERVERS HEARD FROM, THIRTY-EIGHT.		For preceding week.
DISEASES ARRANGED IN ORDER OF GREATEST AREA OF PREVALENCE.	Per cent. of observers who reported the disease present.	Per cent. of observers who reported the disease present.
Neuralgia	79	73
Bronchitis	66	68
Influenza	63	68
Rheumatism	63	70
Consumption, of lungs	63	50
Pneumonia	55	60
Tonsillitis	53	58
Intermittent fever	53	63
Remittent fever	37	28
Inflammation of kidneys	32	28
Erysipelas	29	20
Whooping-cough	24	25
Diarrhœa	21	35
Diphtheria	18	18
Scarlet fever	18	15
Inflammation of bowels	16	13
Dysentery	16	10
Measles	11	15
Membranous croup	8	5
Puerperal fever	8	5
Cholera morbus	5	3
Inflammation of brain	5	5

For the week ending February 2, 1884, the reports indicate that consumption, erysipelas, and remittent fever increased, andthat diarrhœa, intermittent fever, typhoid fever, and typho-malarial fever decreased in area of prevalence.

At the State capitol, the prevailing winds during the week ending February 5 were northwest; and, compared with the preceding week, the temperature was considerably higher, the absolute humidity considerably more, the relative humidity more, and the day and the night ozone less.

Compared with the average for the month of January in the preceding six years, neuralgia was more prevalent, and diphtheria, rheumatism, typho-malarial fever, bronchitis, scarlet fever, consumption, pneumonia, and remittent fever were less prevalent in January, 1884.

For the month of January, 1884, compared with the average of corresponding months for the six years, 1879-1884, the temperature was considerably lower, the absolute humidity less, the relative humidity more, the day ozone more, and the night ozone the same.

Including reports by regular observers and others, diphtheria was reported present during the week ending February 2 and since at eighteen places, namely, Attica, Arcadia, Belding, Detroit, East Saginaw, Flint, Grand Rapids, Hersey, Hillsdale, Linden, Northville, Newaygo, Owosso, Otsego, Pontiac, Ronald, Springfield, Saginaw. Scarlet fever at thirteen places, Detroit, Grand Rapids, Hersey, Kalamazoo, Lakeview, Mason, Monroe, Orleans, Otisco, Roxand, Saginaw, Salem, St. Clair. Measles at seven places, Elk Rapids, Flint township, Monroe, North Adams, Owosso, Pontiac and Saginaw.

HENRY B. BAKER, Secretary.

Lansing, Feb. 6, 1884.

Report of deaths in the city of Lansing, Mich., during the month of January, 1884:

Burial Permit No	Day of Death.	Name of Deceased.	Age. Years.	Months.	Days.	Sex.
477	3	Henry S. Ryan	49	1	11	M.
478	4	Mary A. Waldron	25	1	1	F.
479	5	Sarah Lemley	26	..	..	F.
481	6	Caspar Dunnebacke	22	9	14	M.
482	13	Richard Elliott	66	2	2	M.
484	19	Edward Dunnebacke	3	11	27	M.
483	20	Waterman Ward	56	11	20	M.
487	21	Katy Losey	3	3	23	F.
486	23	Julius Schnegenberg	35	6	..	M.
488	29	Zacheus Barnes	69	10	..	M.
489	30	Addie Turner	31	8	17	F.

Cause of Death.—478, 479, 481, consumption; 477, obstruction of bowels; 482, cancer of rectum; 484, spinal fever; 483, heart disease; 486, cancer of stomach; 487, hydrocephalus; 488, suicide; 489, ovariotomy.

Color.—All white.

Nativity.—478, 481, 484, 487, 489, Michigan 477, 479, 482, 483, 488, New York; 486, Germany.

Deaths in the city in January..... 11
Population, U. S. census, 1880..... 8,319
At rate in January, the deaths in one year per 1,000 inhabitants (annual death rate) would be..... 15,579

O. MARSHALL, M.D., Health Officer.

THE FEEDING OF INFANTS.—Dr. V. Poulain believes that the reason that cow's milk so often disagrees with children is to be found in the fact that cane sugar is used to sweeten it. In the *British Medical Journal* he says that he has used the sugar of milk with the best results.

DOMESTIC CORRESPONDENCE.

FROM WASHINGTON.

MEDICAL CORPS U. S. ARMY.—Ordered to Europe: Lieutenant-Colonel Joseph B. Brown and Major John S. Billings, surgeons, U. S. Army, will proceed to London (England) and to Copenhagen (Denmark) to attend the International Health Exhibition to be held at the former place in May next, and as delegates to the International Medical Congress which is to meet at the latter place in August next, and will include Berlin (Germany) in their route to or from Copenhagen.

MEDICAL CORPS, U. S. NAVY.—On account of the bitterness of the fight for the Surgeon-Generalship of the Navy, it is now thought likely that the President will not make an appointment to the vacancy until after the adjournment of Congress.

MATTERS OF MEDICAL INTEREST BEFORE CONGRESS.—On February 11 Mr. Blair introduced a bill (No. 1484) to the Senate, which provides for the study of physiology and the effect of intoxicating, narcotic, and poisonous substances upon life, health, and welfare, by the pupils in the public schools of the Territories and District of Columbia. The first section of this bill simply reiterates the title, specifying in addition that the simple rules for the preservation of life and health shall be taught, and that the substances referred to are those in common use by the people. Section 2 reads: "That teachers in the public schools shall be qualified to teach accordingly, and suitable text-books shall be used to facilitate the study and instruction provided for in the first section of this act: and such text-books shall be subject to rejection from use if found to be objectionable by the Commissioners of Education. This bill appears on the face of it to be a step in advance in education, but on considering it closer one sees that its provisions will have to be carried out with great care to furnish the proper amount and character of information. To teach the physiology of the present day as regards the use of intoxicating liquors, temperance, and not total abstinence, would have to be inculcated, and it is a question as to how far that can be taught to the mass of children. Then, again, as physiology grows older it becomes less and less positive and dogmatic in its principles, which would be injurious to minds not yet formed for reasoning; so there would be danger of a race of doubters on the one hand or of positivists on the other. As to the effect of poisonous substances, if this were considered with frankness and any degree of thoroughness, there would be added a large class to those already existing who take upon themselves to question and argue the plans of treatment and the drugs used by their attending physicians, and by their preconceived notions interfere materially with their own welfare. The clauses of "simple rules" and "substances in common use," are in a measure saving clauses, but it would not be difficult for ambitious teachers to stretch those boundaries ad libitum.

Feb. 15.—Mr. Logan introduced a bill before the Senate (15591) entitled "To define the title and duties of certain officers of the Medical Department of the Army. In effect it makes the six medical officers who hold the rank of Colonel to be styled Assistant Surgeon-Generals, and to rank in the order of seniority of dates of their commissions to that rank of Colonel. This makes Dr. J. H. Baxter the senior Assistant Surgeon-General, and continues his duties as Chief Medical Purveyor located in Washington city, and also makes him incontestably the next in the regular order of promotion to the rank of Surgeon-General. The second section gives to the medical officers bearing rank as Lieutenant-Colonels the title of Deputy Surgeon-Generals.

TO THE EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

SIR:—That I might not assume to possess a monopoly in the collection of eccentricities in medical acquirements, a friend, not in the Navy, but a man of mark in the profession, too modest, however, to wish me to print his name, gave me, a few evenings ago, these additional evidences of that "regular medical education which is presumptive evidence of professional abilities and acquirements:"

"The *oracle* was full of black clots."

"diohrea."

"Ambrose Pare was a distinguished New York Surgeon," and

"Sore eyes," the phonetic guise in which *psoriasis* appeared on a formal medical record.

I quote them as fitting companion pieces to the following:

"the mad Stone that I hav advertised is as fine a one as I ever seen I hav no use for that one as I hav got one besides as it is useful to thos who has non when they need it it is as larg as 3 inches through and very wite addres ———."

I appeal to the members of the Association whether it is not the duty of every one of them to *pray*, if nothing else, that wisdom and courage may be given the Legislature of the State of New York to enact the law that will put that great commonwealth in line of battle with Illinois and West Virginia in the war against medical ignorance and incompetence, "regular" as well as irregular.

Very respectfully, your obedient servant,

ALBERT L. GIHON,
Medical Director U. S. Navy.

U. S. Naval Hospital, Washington, D. C., February 15, 1884.

FEBRUARY, 26, 1884.

EDITOR JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

Notwithstanding it was distinctly announced by yourself at the June meeting of the Association of 1883, that permanent members of the Association could not vote, except they were there as elected and duly certified delegates, holding credentials from

some one of the medical societies or associations known and recognized by the American Medical Association as legally organized bodies; there are some who still hold that a permanent member has an inherent right to an equal franchise with the certified delegates.

In the 2nd section of the articles or plan of organization, adopted and embodied in the Transactions twenty-four years ago, we find the following, which I think should settle this point, both in principle and in practice. It reads thus: "Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the Association, so long as they shall continue to conform to its regulations, but without the right of voting." Now, the principle here involved is not only an important one, but a vital one. It was placed there, I conclude, and very wisely so, to protect every possible encroachment upon the fundamental principles underlying the plan and base-work of the Association from its first inception, as a *representative* body. And most certainly, were they allowed to take place, it would put a lever under the cornerstone of its base, which very soon would put a power where it would ultimately disintegrate, if not destroy its functions as a representative body.

Not long ago, the writer was conversing with a President of one of the State societies, who stated frankly that he had always voted in all the business transactions of the Association, and he thought he had a legitimate right to do so.

As no State society is likely to have its quota of delegates full, it is proper and right that every permanent member who intends to attend the meeting of the Association, should be furnished with proper credentials, and if he goes thus armed, he is ready for battle.

If we have a great, grand principle at stake, and underlying the base-work of our Association, let us by all means protect and support it.

D. H. B.

Providence, R. I., Feb. 26, 1884.

To the Editor of the Journal of the American Medical Association.

Sir:—Your correspondent, "Vindex," makes use of an argument much in favor among the advocates of the "New Code," when he refers to State statutes as defining "the meaning of the phrase—a regular doctor," and, therefore, by implication, compelling professional recognition of all sorts of "registered" practitioners. So persistently has this one string been harped upon, that some timorous minds seem to go in dread of undefined legal penalties for a refusal to consult with any casual ignoramus who may be certificated by a county clerk. And, as a matter of course, the controversy, as brought to the gaze of the general public, is made to serve as a platform, whereon to pose the martyred attidude of homœopathy.

In fact, the New York act has no more to do with consultations than with the parallax of arcturus. It merely prescribes that every person undertaking to obtain fees from patients must be registered in a county clerk's office, and the requirements for such registration are: either a diploma from some chartered college within the State, (be it homœopathic, lobelia-inflated "eclectic," "hygeio-therapeutic," or what not); a license from the censors of any county medical society, regular or irregular, under an act passed a few years ago; or the simple circumstance of having practiced medicine or surgery, with or without education or authorization, for ten years prior to the passage of the existing law. It is, therefore, evident that the "New Code" permits, if it do not ordain, consultations with the whole army of advertising charlatans, who have fleeced the public for more than a decade, and who, from the lego-technical point of view, are quite as much "legally qualified practitioners" as the disciples of Hahnemann. And, farther, if the State law be absolute in this respect, the converse of the proposition must be equally valid, and it must be a violation of the "New Code" to consult with Gross, or DaCosta, or others whom I could name, who are not "legally qualified" in the "Empire State."

The "tempest in a teapot" which has been raised over the code question—aside from the unfortunate publicity given to the professional wrangle—is as meaningless as it is illogical. In the first place, the partisans of irregular sects are as little inclined to ask our counsel, as we to give it, even if any possible benefit to the patient could result from a discussion of irreconcilably different views; in the second place, no law in this country can deprive a physician of his free agency to give or withhold his services. He may, as he sees fit, decline to attend a patient; he may, on purely personal grounds, refuse to consult with a practitioner whose medical orthodoxy is undisputed. If a "permissive clause" in the Code is to be discussed at all, let it be as an affair of personal inclination; not under the flimsy pretext of "conformity with State laws."

I am, sir, faithfully yours,

A New York Physician.

FOREIGN CORRESPONDENCE.

London, Feb. 7, 1884.

The Anthropological Society, at their annual meeting, had an entertaining paper read by Professor Flower, F.R.S., in which he dealt with the subject of ethnography, or the discrimination of race characteristics. Its importance to those who had to rule, he said, could hardly be overestimated in an empire like this, the population of which was composed of almost every diversity under which the human body and mind could manifest itself. The physical characteristics of race, so strongly marked in many cases, were probably always associated with equally or more diverse characteristics of temper and intellect. It was absolutely necessary, therefore, for the statesman who would govern successfully not to look upon human nature in the abstract, and endeavor to apply universal rules, but to consider the special moral, intellectual and social capabilities, wants and aspirations of each par-

ticular race with which he had to deal. A form of government under which one race would live happily and prosperously, would to another be a source of unendurable misery. When they had to deal with Egyptian fellahs, African negroes, American Indians, and Australian or Pacific islanders, it seemed almost impossible to find any common ground of union or *modus vivendi*. The mere contact of the races generally ended in the extermination of one of them. If such disastrous consequences could not be averted, they had it still in their power to mitigate those evils. All the questions should be carefully studied by those who had any share in the government of races alien to themselves, and a knowledge of them meant the happiness and prosperity, or the reverse, of millions of their fellow-creatures.

The air of sunny Italy is supposed to have a beneficial effect upon the voice; however, a new invention by Dr. Carter Moffat, a connection by marriage with Livingstone, is likely to give the *coup de grace* to Italian vocal supremacy. Dr. Moffat gravely proposes to introduce at our homes the chief ingredients of Italian air. He suggests to vocalists an instrument called the "ammoniaphone," which, he explains, contains an absorbent material saturated with peroxide of hydrogen, combined with condensed ammonia and other ingredients, through which a current of air is drawn into the lungs. The doctor calls this "highly concentrated artificial Italianized air." He tried it on himself for fourteen days; his chest expanded half an inch, and his voice, which had previously been weak, became a tenor of extraordinary range. The experiments continue, and the results are awaited with interest by his many friends.

Some three years ago a hospital was instituted at 16 and 17 Fitzroy Square, for the accommodation of persons suffering from acute diseases, who were in a position to pay for their medical attendance and maintenance. The institution was called a Home Hospital, and it has been found a "home" in the best meaning of the word by many who would, otherwise, have had to go through the expense and discomfort of an illness either in an hotel, in lodgings, or in one of the large public hospitals. Here, however, each patient finds neither the noise, general bustle, or absence of privacy of an hotel on the one hand, nor the damp sheets, slipshod attendance and great discomforts of ordinary lodgings on the other. It is now proposed to raise funds to open and maintain a branch Convalescent Home Hospital at some suitable spot in the country. At the present time, when a patient becomes convalescent and he is ordered change of air, it becomes a matter of extreme worry and anxiety in proportion to the serious nature of the attack from which he is recovering, and too often much ground is lost whilst a suitable neighborhood is being sought. The committee who are working out the present scheme propose to have appliances and conveyances adapted for the removal of the sufferer from his residence to their "home." The additional capital required is £10,000, contributors of 50 guineas or 20 guineas each become eligible for election as governors and members of the association with the privileges of obtaining (1) priority of admission for themselves and their families when ill and two nominations each year, if governors, and priority of admission for themselves only if members. It is thought, that, considering the advantages gained, the amount required will be soon subscribed.

The condition of the Mercantile Marine Medical Service is again attracting attention, especially the arrangements as to the Atlantic Service. At present too often the accommodation of the medical officers is most unsatisfactory, and where "hospital room" is supposed to be provided for the use of any of the passengers or crew requiring it, it practically exists in theory only. It is considered by those who know anything of the requirements of a large ship that it is high time that Government stepped in, and by act of Parliament compelled ship owners to provide good quarters for the medical officers and suitable accommodation in case of illness or accident. The pay of the service must be increased and the medical officers made answerable only to their department, not as at present, subject to every whim of the commander of the ship and to discharge upon the termination of each voyage, should he be considered too energetic by those on shore. It would be of advantage to all were the service made so that the medical officer should have an increasing salary according to length of service, so that the Mercantile Service would be a permanent pursuit, not, as at present, an affair of a trip or two.

The well-known botanist, Dr. I. H. Balfour, F.R.S., has just died at Edinburgh. He was late Emeritus Professor of Medicine and Botany in the University of Edinburgh. He wrote much on botanical science and stood high in public estimation. Professor Bayley Balfour, who was only on Saturday last elected to the chair of Botany, at Oxford University, is a son of Dr. Balfour, and assisted his father for eight years at Edinburgh. It appears during the past year 4,732 books were published. Theology heads the list with 794 volumes, and medical and surgical treatises 163. Thus medicine and surgery are only liable for one twenty-second part of the newly issued volumes for the year 1883 in Great Britan.

G. O. M.

NECROLOGY.

AMBLER, JAMES MARSHALL, M.D., late Passed Assistant Surgeon U. S. Navy. On Sunday, Feb. 24, a hero of the medical profession was buried. The body of the late Passed Assistant Surgeon James Marshall Ambler, M.D., U. S. Navy, was on Saturday evening conveyed from the Navy-Yard, Brooklyn, N. Y., where it had lain in state from the previous day, with three of his comrades of the Jeannette Polar Expedition, to the Pennsylvania railroad station in Jersey City, for the last stage in the long journey from the mouth of the Lena to its final resting-place near his place of birth in the mountains of Virginia, and left by the nine o'clock train, under the escort of the following officers: Chief Engineer George W. Melville; Surgeon Charles W. Gravatt; Passed

Assistant Surgeons George E. A. Harmon, James H. Gaines, Presley M. Rixey, and Walter McClurg, and Lieutenants Wm. H. Jaques, John Danenhower, and Wm. H. Scheutze. They were joined at Baltimore at six o'clock on Sunday morning by representatives from the Medico-Chirurgical Faculty of the State of Maryland, the Faculty of the University of Maryland, and the Clinical Society of Baltimore, viz: Professor L. M'Lane Tiffany, M.D., of the University, one of Dr. Ambler's instructors; G. Guy Holliday, M.D., his former associate in practice; James McHenry Howard, M.D., Ridgely Howard, M.D., and Henry Howard, Esq., of Baltimore.

The body was met at the Baltimore & Potomac depot in Washington at 8 o'clock by Medical Directors John M. Browne and Albert L. Gihon; Surgeons Wm. K. Van Reypen and Charles H. White, and Passed Assistant Surgeons Thomas H. Streets, Edward H. Green and Francis M. Nash, and transferred to the special train which had been tendered by the Hon. John S. Barbour, M. C. of Virginia, President of the Virginia Midland Railroad.

It left Washington at nine o'clock, and was joined at Alexandria, Va., by Messrs. Edward C. Marshall, of Alexandria and John Ambler, of Amherst Co., Va., cousins, and C. S. Taylor, Jr., of Alexandria, a classmate of Dr. Ambler.

The funeral train was received with demonstrations of respect at Manassas and other places along the route, and at 2 P. M. reached Markham, Va., where the body was placed in a hearse and covered with the Union Jack and the floral wreaths, which had been accumulating all the way from Siberia. The following officers acted as pall-bearers: Surgeon Wm. K. Van Reypen, U.S.N., Acting Chief of the Bureau of Medicine and Surgery; Medical Director John M. Browne, U. S. N., of the Museum of Hygiene; Medical Director Albert L. Gihon, U. S. N., of the Naval Hospital at Washington; Surgeon Charles H. White, U. S. N., of the Physiological Laboratory, Washington; Chief Engineer George A. Melville, U. S. N.; and Lieutenant John A. Danenhower, U. S. N.; the surviving shipmates of Dr. Ambler, Lieutenant Wm. H. Scheutze, U. S. N., who had brought his remains from Siberia, and Lieutenant William H. Jaques, U.S.N., representing the Secretary of the Navy.

The funeral procession was very long, the line of carriages being followed by several hundred of the residents of Fauquier County, mounted, among them many of Dr. Ambler's former comrades in Ashby's corps of Confederate cavalry.

The ceremonies took place at Leeds Episcopal Church, which was about five miles from Markham, midway between it and "The Dell," Dr. Ambler's former home; the services being performed by the Rev. H. B. Lee, a classmate of Dr. Ambler at the Washington and Lee University. After the funeral his only sister and two brothers received the officers of the escort in the vestry, his mother being prevented from attending by her age and grief.

After the grave was filled, it was covered by the Russian, German, and American floral offerings, forming a floral mound under which it was completely hidden.

The late colleagues of Dr. Ambler in the medical corps of the Navy, propose erecting a monument over his grave in the Leeds churchyard, and the medical Faculty of the University of Maryland will place a memorial tablet in their hall at Baltimore.

The following tribute to his memory is from the pen of an intimate friend and classmate, and recounts in fitting terms the story of his worth and heroism:

"To those who knew his worth no word is needed to perpetuate his memory, for he possessed in no common degree the various qualities that go to make the thorough man, and was thus apt to leave a firm impress upon the memory of those with whom he was thrown in contact. It is right, however, that those who witnessed yesterday's procession should know something of him who took so sad and silent a part, and that the memory of one whose life was surrendered under such appalling circumstances as was his, should not dwell in the hearts of his personal friends alone, but he fastened upon the minds of all who admire honor, bravery, and self-sacrifice at his country's call.

"Dr. Ambler was born in Fauquier county, Va., December 30, 1848, and came of a long line of good ancestral stock—the Marshalls, the Carys, and Amblers, names intimately and always honorably connected with the history of Virginia since her early colonial days.

"As to his early boyhood, which was spent at and about his mountain home, there was nothing—so far as the writer knows—of phenomenal precocity or special interest.

"While maturing into manhood, with the development of a fine physique and much manly grace the intellectual growth kept pace. His mind was comprehensive and he read much and read well, the books found about him always being of an elevating and improving character. The knowledge thus gained, together with a ready command of language and an unusually clear insight into human nature for one of his years, put him at ease in discussions on multifarious subjects. It also enlarged his views of life and increased the liberality of his ideas towards his fellow men.

"Though possessing more of the really manly attributes than are allotted to most, there was no obtrusive display of them—no affectation.

"In casting about for life's occupation he decided upon the medical profession, and graduated at the University of Maryland in March, 1869.

"On the 1st of April, 1874, he entered the naval service as Assistant Surgeon, and was soon after ordered to the United States steamer Mayflower. In 1874–5 he was attached to the United States steamer Kansas, North Atlantic station, and in 1876 was on board the United States training ship Minnesota. He was promoted to Passed Assistant-Surgeon in 1877. During that year and part of the next he formed one of the staff at the Naval Hospital, Norfolk, Va.

"While there he received a telegram from the Navy Department, asking if he would volunteer for duty on

the Jeannette, which was to be sent in search of a passage to the North Pole. Up to that time the idea of seeking fame among the frozen seas of the north had not been entertained by him; but, not wishing to have his name coupled with a refusal where hardship and probable danger were involved, he promptly accepted. This he certainly would not have done had he known, as he soon afterward learned, that the same offer or request had been declined by others. It presented, however, an opportunity for a display of that manly stuff of which he was made. He did not, for this reason, recede from the responsibility he had assumed, but unremittingly bent every energy to secure success to the enterprise so far as in his power lay, and to his painstaking examination as to the physical qualifications of the personnel of the Jeannette's crew, to his zeal and forethought in providing the necessities of life under the peculiar conditions to which the ship's company were to be subjected, and to his wise hygienic and sanitary suggestions, may be ascribed for the most part the vigorous health of the officers and men, enabling them finally to encounter unprecedented labor and exposure. The immunity from that terrific scourge of polar travelers, scurvy, in which the Jeannette expedition stands prominently alone, were there nothing else, should be a lasting memorial to his professional capacity and foresight. But the mouths of the survivors of that ill-fated expedition have opened to testify how grandly he arose to all emergencies. They portray him as the genial companion, the skilful surgeon, the accomplished physician and sturdy officer. Melville, when asked by the court whom of the expedition he would specially commend for his behavior, promptly replied, 'Dr. Ambler,' and he was unstinted in his praise of him. During the famous retreat over the ice Ambler was one of the leading spirits. He harnessed two half-starved Esquimaux dogs to a sled of his own contriving, on which were lashed the surgical instruments, medical stores and scientific records; and leaving them to follow in the rear with the sick, the doctor took his place in advance day after day, as chief of the roadmakers. He wielded a heavy sledge hammer like a Hercules, breaking down ice hummocks to level a road for the boats. It was related of him that he invariably, when the day's work began, took up the heaviest of the sledges, thus setting an encouraging example to the men. We see see him laying this down for a moment to perform an iridectomy, one of the most delicate operations in eye surgery. After De Long's boats had reached the Lena delta, and failing to find succor for three weeks or longer, the commander decided to send two of the strongest of his party in advance to seek aid. The main body travelled very slowly, most of them being scarcely able to walk at all, and having to transport the sick. De Long was able to walk only for five minutes at a time. Ambler was the strongest of the party, and the commanding officer selected him and Nindeman to go on ahead for succor and to save their own lives, if possible, both of them being capable of a long march. When this was communicated to the doctor, he told his commander that he thought he ought not to leave his sick, as he preferred to share their fortunes to the end, and his going away would look like abandoning them. This doubtless touched the gallant De Long, whose first thought seems ever to have been his high duty to those under his command. Noros was then sent in Ambler's stead, and his life was saved. Ambler remained with his sick comrades to the last, and died with them. It is doubtful if the medical profession affords anywhere a finer example of heroism than this. Imprisonment on board an ice-bound ship for twenty-two months, a painful retreat over weary miles of rough ice, with half-frozen hands and feet, and then wandering about on an unknown shore for three weeks, reduced to a mere struggle for existence, yet not for a moment was blunted his keen sense of professional duty. Melville, who found the bodies, is of the opinion that Ambler was the last one to die. His frozen body was found in a sitting attitude, clothed in many suits of extra clothing, seizing in his right hand De Long's pistol, taken from his dead commander's pocket; in solemn and faithful guard over his dead comrades. None will ever know the dreadful extent of his sufferings during those last hours, or possibly days, of his life, alone with his dead, starving, exhausted and hopeless. Faithful messengers sent by his grateful country have brought home the mortal remains of this noble son to an aged mother, to lie at rest in his own village churchyard in Fauquier county, Va. Peace to him and her, and honor to the memory of this noble surgeon, whose life was given to his country and his duty."

A. L. G.

BEARDSLEY, LUCIUS NICHOLS, M.D., was born in Monroe, Conn., Oct. 8, 1814; died at his residence, in Milford, Nov. 22, 1880. He commenced the study of medicine somewhat early in life under competent instructors, and finally entered, as a private pupil, the office of Dr. Eli Ives, of New Haven, then Professor of the Theory and Practice of Medicine. He was graduated as M.D. at Yale College in March, 1838, and settled in Milford, Connecticut, the same month.

Dr. Beardsley was early admitted into the New Haven County Medical Society, on several occasions was chosen dissertator, and was specially appointed to prepare an account of the dysentery as it appeared in the summer and autumn of 1844. This paper was received with marked favor. Dr. Beardsley was several times elected Fellow of the State Medical Convention, and also President of the New Haven County Society. The use of ether as an anæsthetic agent was discovered after his settlement in Milford, in which subject he took great interest, being among the first at that time to give ether a trial in minor operations. He was particularly desirous, as a matter of justice, that the unfortunate Dr. Horace Wells should receive the honor as the discoverer, This appears from resolutions read by him at the State Convention held at Hartford in 1853.

Dr. Beardsley was elected delegate from the State and County Medical Societies, and attended the sessions of the American Medical Association, first in 1853, then '55, '60, '63 and 1864.

At the meeting of the National Association in New Haven, in 1860, which was the only convention of the Society ever held in the State, Dr. Beardsley served as chairman of the Connecticut delegation, and was thereby largely instrumental in securing the nomination and election of his old preceptor, Dr. Ives, to the high office of President of the American Medical Association. At the next Convention of the Association, which occurred in Chicago, in 1863, Dr. Beardsley was again preferred chairman of the Connecticut delegation, and as Dr. Ives had died since the last gathering, an "in memoriam" was offered by him, which resolutions were commended and unanimously adopted.

For a period of twenty-five years Dr. Beardsley was a subscriber to the *Boston Medical and Surgical Journal*, and an occasional contributor to its columns. He pmblished a monograph, in that journal, of the diphtheria as it prevailed in Orange in 1859. This article was copied into a number of leading journals in the country and has already been received as authority on this disease.

In 1877, owing to failing health, he relinquished practice and sought by retirement and frequent sojourns in a southern climate to regain that vigor which a constant practice had taxed so severely, but his hopes and the expectations of a wide circle of friends could not be realized.

As a practitioner, Dr. Beardsley was possessed of a remarkable measure of common sense and cool judgment. To a habit of confirming premises and cautiously reaching conclusions is to be referred the weight that his persuasions carried in medical circles. His tact as an accoucheur was widely known.

As a scholar his acquaintance with general, as well as medical literature, was extended. He was quite proficient in rendering the Latin authors, and his zeal as a student led him to follow closely every new revelation of science, as well as to verify fresh suggestions or recent appliances in medicine or surgery.

Dr. Beardsley's wit was always refined and without malice. This, coupled with an ease of declamation and a fertility of expression, made him a popular speaker. In every gathering his voice was heard in the vindication of truth and progress. Like his deeds, his words were full of benevolence, and always loyal to his belief.

CHARLES H. PINNEY, M.D., of Com.

MISCELLANEOUS.

EXTRACTS FROM FRENCH JOURNALS.

TO THE MEDICAL RECORD.—*Le Médecin Moniteur de la Policlinique* takes up the first page of its six in an amusing article under the above heading: "There is published weekly at New York a medical journal entitled *The Medical Record*. This journal contains in each number twenty-eight to forty pages of advertisements of 200 lines each. It is a veritable cocoanut in which the enormous kernel, surrounded by its filamentous husk, only contains a small quantity of rancid cream. This journal, which we have often searched in vain for something worthy of reproduction, published in one of its late numbers an anonymous article entitled 'French Medical Journals.' This consists of a formal requisition against French science. For several years it has been the fashion among foreigners to discredit France, to criticise her politics, to speak with disdain of her armies, with contempt of her literature, with injustice of her savans. However, the great nations act with us, follow the evolution of our ideas, keep pace with our works, communicate theirs to us, and are proud to see their savans take part in our institutes and academies. The little countries, on the contrary, are jealous of us, detest us, and seem to reproach us for having been for so long a time their only scientific and literary guide.

"The former respectful attitude weighs upon their pride of to-day. The children become adults, seek to bite the great nation which gave them the breath of intellectual life. Listen to this Yankee of a *Medical Record*: 'At the present time, with the great excellence of American medical journals, it is hardly necessary for a practitioner to understand French and German in order to keep abreast of the time.' This is what might be called arrogance, Mr. Yankee. It is true that an admitted preëminence in beauty and clearness of style is given to French writers, but it is impressively added, this species of superiority is of little importance in a periodical literature, and it may be said that the greater part of French journals are the worst among civilized nations. They are for the most part made up of the documents of the Paris medical societies.' And with what, then, my dear, would you have us make up our journals? Our readers desire to be kept posted in science, physiology, and clinical medicine. What do you give yours to read independent of your forty pages of advertisements? You admit that one of the most attractive parts of our journals is the *feuilleton*, in which we exhibit much wit. We cannot say as much for you, for, as you well express it: 'While as for England and America, there has not enough wit appeared for some years to spoil a single doctor.' You are mistaken, my friend; your countryman, Dr. Tanner, has given proofs of great practical wit. He has gained many dollars in laughing at his confreres and the good American public. You have all been gulled (coupé dans la fumistène) with a naive enthusiasm which proves little in favor of your judgment. You have done a fine thing in calling Locke to your aid, and in making him say that the witty man cannot have a superior judgment, and consequently the French, being men of wit, cannot be great doctors. You have proved in many circumstances that you are neither one nor the other. And if you had an ounce of good sense you would be careful how you atacked French journalism, which has the great merit of having educated you. It is due to it that you have known the works of Bichat and of Lænnec; it is due to it that you have been able to read the clinical lectures of Bouillaud and of Rostan, of Trousseau, of Velpeau, of Nelaton, of Jules Guérin, of Charcot, of Peau, and of many others; it is due to it again that you have been able to familiarize yourselves with the great

discoveries of our physiologists, Claude Bernard, Flourens, and Pasteur. Poor people! You have dared to say, 'It has been said that a French surgeon or physician must make his *mot* in order to make his mark!' You then have forgotten that it is from these physicians and these surgeons that you have learned the little that you know; it is they who have polished you, who have allowed you to translate their works, and even to plagiarize from them without shame. It may be that the number of French journals is too great; 'that only those devoted to a specialty contain anything worth reading,' as you say; but it is not for you, Americans, to be permitted to reproach us—you, a people peculiarly practical and but little scrupulous. You ask us obsequiously for exchanges; you read us; you steal from us; and you turn upon us with injurious words. You are a people without education, without wit, without intelligence. You are still Redskins.

"*Note.*—It should be well understood that this refers not to the great mass of American citizens so sympathetic with France, but to certain rapacious Anglo-Germans, who steal from us while slandering us, and who have vowed a hate of race against us."

SANITARY CONVENTION AT HILLSDALE, MICH., under the auspices of the State Board of Health, arrangements having been made by a local committee of citizens of Hillsdale, acting with a committee of the State Board of Health.

Time and Place.—You are cordially invited to be present at the sessions of a Sanitary Convention which will be held in Hillsdale, Mich., on Thursday and Friday, April 17–18, 1884.

Sessions.—There will be sessions the first day at 2 P. M. and 7:30 P. M.; on the second day at 9 A. M., 2 P. M., and 7:30 P. M., standard time. At each session of the Convention there will be addresses or papers on subjects of general interest pertaining to public health; each paper to be followed by a discussion of the subject treated.

Officers of the Convention.—President—Hon. E. L. Koon. Vice Presidents—Hon. Charles M. Croswell, Adrian; Hon. Witter J. Baxter, Jonesville; Hon. George C. Willis, Moscow; Hon. Nathan Alvord, Camden; Hon. J. H. Bennett, M.D., Coldwater; Rev. Linus Parmalee, Reading; Hon. F. M. Holloway, Hillsdale; Prof. A. E. Haynes, Hillsdale; Hon. Charles S. Veeder, Hillsdale; Hon. M. McIntyre, Hillsdale; A. R. Smart, M.D., Hudson; Prof Napoleon Clark, Ransom. Secretary—Bion Whelan, M.D., Hillsdale. Assistant Secretary—Chauncey F. Cook, Hillsdale.

Admission.—The admission to all sessions of this Convention will be free, and the public are cordially invited. The invitation is especially extended to health officers to be present and take part in the discussions.

Objects of the Convention.—The objects of the Convention are the presentation of facts, the comparison of views, and the discussion of methods relating to the prevention of sickness and deaths, and the improvement of the conditions of living.

Addresses and Subjects to be Presented and Discussed.—An address by the President of the Convention, Hon. E. L. Koon. Among the subjects which it is expected will be presented and discussed are the following: 1. The Water Supply of Hillsdale. 2. Drainage and Sewerage. 3. The Disposal of Waste Matter. 4. Coöperation of Citizens in Preventing the Spread of Diseases. 5. The Sanitary Condition of School Buildings and Grounds. 6. How Best Fulfill the New Law Respecting the Teaching of the Effects of Alcohol, etc., in the Public Schools. 7. Ventilation. 8. The Preparation of Food. 9. The Adulteration of Food. 10. Public Health Laws. The papers are expected to be original contributions, which when read are to be considered the property of the Convention, and to be left with the Secretary. Programmes will be issued before the Convention.

Committee from the State Board of Health.—J. H. Kellogg, M.D., Battle Creek; Henry B. Baker, M.D., Lansing.

Local Committee.—A. F. Whelan, M.D., Chairman; Hon. Harvey B. Rowlson; C. C. Johnson, M.D.; Hon. F. M. Stewart; R. A. Everett, M.D.; Hon. Charles S. Veeder; Chauncey F. Cook, Esq.; Rev. M. S. Burnham; C. I. King, M.D.; Prof. A. E. Haynes; Rev. J. M. Barkley; John W. Falley, M.D.; L. A. Goodrich, PH.C.

Reduced fare on railroads may be obtained by applying to the secretary of the Convention, for certificates to be presented to local ticket agents. For further information address Bion Whelan, M.D., Secretary, Hillsdale, Mich.

NEW BOOKS.

Roosa, Daniel B. St. John. A Doctor's Suggestions; being a series of papers upon various subjects, from a physician's standpoint. New York: J. H. Vail & Co. 12mo. 234 pp. Cloth, $1.50.

Seguin, E. C. Opera Minora. A collection of essays, articles, lectures and addresses from 1866 to 1882 inclusive. New York: G. P. Putnam's Sons. 8vo. 687 pp. Cloth, $5.

Ware, J. Hints to Young Men on the True Relation of the Sexes. Boston: Cuppler, Upham & Co. 16mo. 65 pp. Cloth, 75c.

Ewart, J. C. The Dissection of the Frog. 8vo. London: Simpkin. 1s. 6d.

Gant, F. J. Diseases of the Bladder, Prostate Gland and Urethra. 5th ed., 8vo. 622 pp. London: Bailliere. 12s. 6d.

Hartridge, G. The Refraction of the Eye. A manual for students. 87 illustrations. 8vo. 212 pp. London: Churchill. 5s.

Medical Annual and Practitioners' Index. A yearly record of useful information on subjects relating to the medical profession. 12mo. 300 pp. London: Kimpton. 3s. 6d.

Nightingale, Florence. Notes on Nursing. What it is and what it is not New ed. 8vo. London: Harrison. 2s.

Almanach géneral de médecine et de pharmacie pourla France, l'Algérie et les colonies, publié par l'administration de l'Union Medicale. 54 année. 12mo. 644 pp. Paris: 3 francs.

Boudet, E. Contribution à l'etude du Fibroma Molluscum. 8vo. 98 pp. Paris: Davy.

Capon, Z. Contribution à l'etude des rétinites syphilitiques et en particulier de la rétinite périmaculaire. 8vo. 42 pp. Paris: Davy.

Dorré, L. L'infection de Paris et de la banlieue. 8vo. 36 pp. Paris: Ves, Renon, Malde et Cock.

Faucon, A. Accidents dus a l'anaesthésié par le chloroforme. Trois cas de syncope chloroformique combattus avec succes. 8vo. 19 pp. Paris: J. B. Bailliere et fils.

Gachassin, G. De la rétroversion de l'utérus au point de vue de la stérilité acquise. 8vo. 47 pp. Paris: Davy.

Gerente, W. De l'érysipele de la face dans lecours de la fiévre typhoide (etude critique et clinique). 8vo. 62 pp. Paris: Davy.

Guerrnonprez, F. Plaies par peignes de filature. 8vo. 40 pp. Paris: J. B. Bailliere et fils.

Herck, J. De quelques cas de épistaxis critiques dans la fiévre typhoide. 8vo. 51 pp. Paris: Davy.

Lapasset, F. Contribution à l'étude des exostoses multiples de croissance. 8vo. 68 pp. Paris: Davy.

Pillot, C. De l'Anéurysme des os. 8vo. 81 pp. Paris: Davy.

Bock, Emil. die Pfropfung v. Haut u. Schleimhaut aufo culistischem Gebiete. 8vo. v. 82 pp. Wien Braumuller.

Klinik, Wiener. 12 Hft. Ueber Harnblasenstein Von Prof. Dr. Jos Kovàes. Wien: Urban & Schwarzenberg.

Kolaczek, Johs. Grundriss der Chirurgie. 8vo. x. 282 pp. Berlin: Th. Fischer.

Kubiezek, Frz. W. Heilung chronischer Nervenkrankheiten auf naturgemässem Wege 3 Auft. 8vo. 118 pp. Wien: Huber & Labure.

Kühner, A. wie sind Epileptiker zu behandeln. 8vo 31 pp. Neuwied, Heuser.

Mayer, F. sur le traitement de la diphthérie des amygdales et du pharynx. 8vo. 11 pp. Aachen, Mayer.

Mettenheimer, C. üb die hygienische Bedentung der Ostsee insbesond, Berücksicht, der Kinderheilstätten au den Secküsten. 8vo. 64 pp. Berlin: Hirschwald.

Strümpell, Adf. Lehrbuch der speciallen Pathologie u. Therapie der inneren Krankheiten 2 Bd. 1 Thl. Krankheiten d. Newensystem. 48 abbildg. 8vo. vi. 444 pp. Leipzig: F C. W. Vogel.

Voelk, Heinr. die Kinder Tödtung in gerichtlich medicinischer Bezeihung. Inaugural Abhandlg. 8vo. v. 58 pp. München: J. A. Finsterlin.

Hamilton, Allan McLane. A Manual of Medical Jurisprudence with Special Reference to Diseases and Injuries of the Nervous System. New York: Bermingham & Co. 10x17. 380 pp. 12mo. Cloth, $3.

Zundel, A. The Horse's Foot and its Diseases. From the French by A. Liautard. New York: W. R. Jenkins. Illustrated. 8vo. Cloth, $1 50.

Amat, C. Théorie de la vision chez les opérés de cataracte. 8vo. 7 pp. Alger, Fontana et Cie.

Aubert, P. La Chaleur et le Chancre simple. 8 vo. 12 pp. Lyon: Levry.

Audry, J. Etude sur l'hydropneumopéricarde. 8vo. 97 pp. Lyon: Waltener et Cie.

Bernard, N. Contributions à l'étude clinique des ruptures tendineuses du triceps fémoral. 4to. 73 pp. Montpellier: Cristin, Serre et Ricome.

Bemasconi, E. Des effets toxiques du bihcromate de potasse. 4to. 84 pp. Lyon: Duc et Demaison.

Blanc, L. Contribution à l'etude expérimentale des lesions du foie dans quelques emprosonnements aigus. 4to. 57 pp. Lyon: Pitrat ainé.

Bosch, J. Des émissions sanguines locales dans le traitement des accés pernicieux cérébraux et délirants. 4to. 24 pp. Montpellier: Hamelin freres.

Boyer, J. De l'albuminurie liée aux irritations cutanées. 4to. 92 pp. Lyon. Duc et Demaison.

Cabriel, A. Considerations sur les déviations de la blennorrhagie vers les organes générateurs et sur leurs complications. 4to. 63 pp. Montpellier: Boehm et fils.

Chassagny. Myome utérine, traitement par l'appareil élytroptérygoide. 8vo. 16 pp. Lyon: Paris: G. Masson.

Courboulés, P. J. Contribution à l'etude de la nature et de la prophylaxie de la septicémie gangréneuse. 4to. 67 pp. Lyon: Duc et Demaison.

Demon, F. Développement de la portion sousdiaphragmatique du tube digestif. 4to. 126 pp. Planches. Lille: Danel.

Dupard, O. Contribution à l'etude de certains principes toxiques des urines. 4to. 52 pp. Lyon. Duc et Demaison.

Foucheraud, A. Contribution à l'etude de la physiologie pathologique de la chorée. 4to. 75 pp. Lyon: Pitrat ainé.

Ginié. J. A. De la cachexie pachydermique. 4to. 103 pp. Montpellier: Hamelin freres.

Goullioud, P. Des ostéites dubassin au point de vue de leur pathogénée et de leur traitement. 8vo, 132 pp. Lyon: Waltener et Cie.

Guide pratique de l'etudiant en médecine et en pharmacie. 18mo. 302 pp. Paris: Ollier-Henry.

Jouvencel, P. de. Le Choléra, symptomes, mesures préventives. 18mo. 24 pp. Paris: Lib. centrale des publications populaires.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department United States Army, from February 22, 1884, to February 26, 1884.

Brown, Joseph B., Lieutenant-Colonel, and Billings, John S., Major, Surgeons, directed to attend the International Health Exhibition in London, and, as delegates, the International Medical Congress at Copenhagen, to be held in May and August respectively; also to include Berlin in their route to and from Copenhagen, and to be governed by special instructions from the Surgeon-General in complying with this order. (S. O. 44, Par. 8, A. G. O. Feb. 21, 1884.)

Woodward, Joseph J., Major and Surgeon, leave of absence still further extended six months on account of sickness. (S. O. 44, Par. 11, A. G. O., Feb. 21, 1884.)

Horton, S- M., Major and Surgeon, having reported at these Headquarters from leave of absence, ordered to Fort Hays, Kansas, for duty. (S. O. 40, Par. 2, Hdqrs., Dept. Mo., Fort Leavenworth, Kan., Feb. 20, 1884.)

Patyki, Julius H., Captain and Assistant Surgeon, leave of absence extended for one year on Surgeon's certificate of disability, with permission to go beyond sea. (S. O. 43, Par. 9, A. G. O., Feb. 20, 1884.)

Maddox, T. J. C., First Lieutenant and Assistant Surgeon, assigned to temporary duty at Meyer's Springs, Texas. (Per Post Orders, No. 27, Par. 1, Fort Clark, Texas, Feb. 13, 1884.)

Dietz, Wm. D., First Lieutenant and Assistant Surgeon, assigned to temporary duty at U. S. Military Academy, West Point, N. Y.

Phillips, John L., First Lieutenant and Assistant Surgeon, assigned to temporary duty in Dept. of the East. Mearns, Edgar A., First Lieutenant and Assistant Surgeon, assigned to duty in Dept. of Arizona. Kneedler, Wm. L, First Lieutenant and Assistant Surgeon, assigned to duty in Dept. of Dak. Black, Charles S., First Lieutenant and Assistant Surgeon, assigned to duty in Dept. of Texas. (S. O. 46, Par. 1, A. G O, Feb. 25, 1884.)

Changes in the Medical Corps of the Navy for the Week Ending March 1, 1884.

Assistant Surgeon H. W. Whittaker, from the "Portsmouth," and on sick leave.

P. A. Surgeon E. H. Green, from Museum of Hygiene, and waiting orders.

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